

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

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

Peterson for Congress

ADDRESS (number and street) 26192 Floyd Lake Point Road

Check if different than previously reported. (ACC)

Detroit Lakes MN 56501

2. **FEC IDENTIFICATION NUMBER** C00253187

CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

MN 07

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on 11 07 2006 in the State of MN

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

General (30G)  Runoff (30R)  Special (30S)

Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

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

Type or Print Name of Treasurer Elliott Peterson

Signature of Treasurer Electronically Filed by Elliott Peterson Date 10 25 2006

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

|                 |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Peterson for Congress

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 8 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 44325.00                | 846301.92                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                    | 100.00                             |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 44325.00                | 846201.92                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 25370.49                | 421544.70                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 7467.79                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 25370.49                | 414076.91                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | <b>315339.24</b>        |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | <b>0.00</b>             |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | <b>0.00</b>             |                                    |

**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 02/2003)

Write or Type Committee Name  
Peterson for Congress

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 8 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

**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).....

2100.00

122426.99

(ii) Unitemized.....

625.00

59422.00

(iii) TOTAL of contributions

2725.00

181848.99

from individuals..... ▶

0.00

425.26

(b) Political Party Committees.....

41600.00

664027.67

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

44325.00

846301.92

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

7467.79

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

1777.73

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

44325.00

855547.44

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES.....  | 25370.49                              | 421544.70                                  |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00                                  | 175000.00                                  |
| 19. LOAN REPAYMENTS:   |                                       |  |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                                  | 0.00                                       |
| (b) Of all Other Loans.....  | 0.00                                  | 0.00                                       |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                                  | 0.00                                       |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                                       |  |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00                                  | 100.00                                     |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                                  | 0.00                                       |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                                  | 100.00                                     |
| 21. OTHER DISBURSEMENTS.....   | 1000.00                               | 30000.00                                   |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 26370.49                              | 626644.70                                  |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 297384.73 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 44325.00  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 341709.73 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 26370.49  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 315339.24 |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 5 / 27                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Cleo T Cafesjian |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |  |
| Mailing Address 4351 Gulf Shore Blvd N. PH #5                         |  | Transaction ID: C14040  |  |
| City State Zip Code<br>Naples FL 34103                                | Amount of Each Receipt this Period<br>1000.00  |   |  |
| FEC ID number of contributing federal political committee.<br>C       | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  |   |  |
| Name of Employer Self<br>Occupation Retired                           | Election Cycle-to-Date<br>2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| Receipt For: 2006<br>Election Cycle-to-Date<br>1000.00                |  |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> G.L. Cafesjian |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6 |  |
| Mailing Address 4001 Tamiami Trl N Ste 425                          |  | Transaction ID: C14039  |  |
| City State Zip Code<br>Naples FL 34103                              | Amount of Each Receipt this Period<br>1000.00  |   |  |
| FEC ID number of contributing federal political committee.<br>C     | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  |   |  |
| Name of Employer GLC Enterprises<br>Occupation President/CEO        | Election Cycle-to-Date<br>2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| Receipt For: 2006<br>Election Cycle-to-Date<br>1000.00              |  |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> James & Margaret Jirava |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |  |
| Mailing Address 18421 Co Hwy 18<br>Prairie View Farms                        |  | Transaction ID: C14024  |  |
| City State Zip Code<br>Ogema MN 56569-9611                                   | Amount of Each Receipt this Period<br>100.00   |   |  |
| FEC ID number of contributing federal political committee.<br>C              | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  |   |  |
| Name of Employer Self<br>Occupation Farmer                                   | Election Cycle-to-Date<br>2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| Receipt For: 2006<br>Election Cycle-to-Date<br>350.00                        |  |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 2100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 2100.00 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |             |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 6 / 27 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |             |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |             |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL CO</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 6 / 2 0 0 6                               |
| Mailing Address 655 Beach Street  |   | <b>Transaction ID: C14026</b>   |
| City San Francisco State CA Zip Code 94109  | FEC ID number of contributing federal political committee. <b>C</b> C00196246   | Amount of Each Receipt this Period<br>2000.00   |
| Name of Employer Occupation   | Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|   | Election Cycle-to-Date ▼<br>2000.00   |   |

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|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AMERICAN MEAT INSTITUTE POLITICAL ACTION COMMITTEE</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 6 / 2 0 0 6                               |
| Mailing Address 1150 Connecticut Ave. NW Suite 1200   |   | <b>Transaction ID: C14027</b>   |
| City Washington State DC Zip Code 20036   | FEC ID number of contributing federal political committee. <b>C</b> C00024281   | Amount of Each Receipt this Period<br>1000.00   |
| Name of Employer Occupation   | Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|   | Election Cycle-to-Date ▼<br>4000.00   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. AMERIPRISE FINANCIAL INC. POLITICAL ACTION COMMITTEE (AMERIPRISE PAC)</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 7 / 2 0 0 6                               |
| Mailing Address 101 Constitution Avenue N.W. Suite 816 West  |   | <b>Transaction ID: C14044</b>   |
| City Washington State DC Zip Code 20001  | FEC ID number of contributing federal political committee. <b>C</b> C00414474   | Amount of Each Receipt this Period<br>500.00  |
| Name of Employer Occupation  | Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|  | Election Cycle-to-Date ▼<br>500.00  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |             |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 7 / 27 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |             |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |             |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

**A.** Full Name (Last, First, Middle Initial)  
ARCHER DANIELS MIDLAND COMPANY-ADM PAC

Mailing Address P. O. BOX 1470

City State Zip Code  
DECATUR IL 62525

FEC ID number of contributing federal political committee. **C** C00093963

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

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

**Transaction ID:** C14032

Amount of Each Receipt this Period  
3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
ARIZONA DAIRYMEN POLITICAL ACTION COMMITTEE (ADPAC)

Mailing Address PO BOX 26877  
POST OFFICE BOX 26877

City State Zip Code  
TEMPE AR 85285

FEC ID number of contributing federal political committee. **C** C00085019

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** C14043

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL A

Mailing Address 1201 15TH STREET NW

City State Zip Code  
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

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

**Transaction ID:** C14021

Amount of Each Receipt this Period  
2500.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>6500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |             |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 8 / 27 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |             |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS</b>                                  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 17 / 2006                                      |
| Mailing Address 101 Constitution Ave NW<br>Tenth Floor West   |   | Transaction ID: C14028  |
| City Washington      State DC      Zip Code 20001   | Amount of Each Receipt this Period<br>5000.00     |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00001016   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>7500.00 |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CASE NEW HOLLAND INC. EXCELLENCE IN GOVERNMENT COMMITTEE</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 06 / 2006                                      |
| Mailing Address 1001 G Street NW<br>Suite 100 East  |   | Transaction ID: C14012  |
| City Washington      State DC      Zip Code 20001   | Amount of Each Receipt this Period<br>0.00        |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00303883   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>2500.00 |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. CASE NEW HOLLAND INC. EXCELLENCE IN GOVERNMENT COMMITTEE</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 09 / 2006                                      |
| Mailing Address 1001 G Street NW<br>Suite 100 East  |   | Transaction ID: C14013  |
| City Washington      State DC      Zip Code 20001   | Amount of Each Receipt this Period<br>2500.00     |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00303883   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>2500.00 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 7500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |



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

|  |   |             |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 9 / 27 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |             |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |             |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. CLEVELAND-CLIFFS INC POLITICAL ACTION COMMITTEE (CLIFFS PAC)</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 0 6 / 2 0 0 6                               |
| Mailing Address 1100 SUPERIOR AVENUE ROOM 1800  |   | <b>Transaction ID: C14008</b>   |
| City State Zip Code<br>CLEVELAND OH 44114   | FEC ID number of contributing federal political committee.<br><b>C</b> C00039016  | Amount of Each Receipt this Period<br>1000.00   |
| Name of Employer Occupation   | Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|   | Election Cycle-to-Date ▼<br>1000.00   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATIO</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 8 / 2 0 0 6                               |
| Mailing Address P O BOX 909700  |   | <b>Transaction ID: C14041</b>   |
| City State Zip Code<br>KANSAS CITY MO 64190   | FEC ID number of contributing federal political committee.<br><b>C</b> C00001388  | Amount of Each Receipt this Period<br>3000.00   |
| Name of Employer Occupation   | Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|   | Election Cycle-to-Date ▼<br>10000.00  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. ECOLAB INC POLITICAL ACTION COMMITTEE</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 7 / 2 0 0 6                               |
| Mailing Address 370 N WABASHA STREET   |   | <b>Transaction ID: C14030</b>   |
| City State Zip Code<br>ST PAUL MN 55102  | FEC ID number of contributing federal political committee.<br><b>C</b> C00101485  | Amount of Each Receipt this Period<br>1000.00   |
| Name of Employer Occupation  | Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|  | Election Cycle-to-Date ▼<br>3000.00   |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 5000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 10 / 27 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

**A.** Full Name (Last, First, Middle Initial)  
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INT

Mailing Address 1125 17TH ST. NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9500.00

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

**Transaction ID:** C14020

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
FEDERAL MANAGERS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1641 PRINCE STREET

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00164848

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** C14004

Amount of Each Receipt this Period  
600.00

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

**C.** Full Name (Last, First, Middle Initial)  
GRAY, PLANT, MOOTY, MOOTY & BENNETT PUBLIC AFFAIRS

Mailing Address 80 S 8TH STREET  
500 IDS CENTER

City State Zip Code  
MINNEAPOLIS IN 55402

FEC ID number of contributing federal political committee. **C** C00099473

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

**Transaction ID:** C14031

Amount of Each Receipt this Period  
500.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>6100.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 27                 |
|  | <input type="checkbox"/> 11a            | <input type="checkbox"/> 11b |
|  | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

**A.** Full Name (Last, First, Middle Initial)  
J R SIMPLOT COMPANY POLITICAL ACTION COMMITTEE (SIM-PAC)

Mailing Address 999 MAIN STREET SUITE 1300

City State Zip Code  
BOISE ID 83702

FEC ID number of contributing federal political committee. **C** C00120873

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

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

**Transaction ID:** C14019

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MOTORCYCLE PAC OF MINNESOTA

Mailing Address 7160 WILLOW VIEW COVE

City State Zip Code  
CHANHASSEN MN 55317

FEC ID number of contributing federal political committee. **C** C00402768

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

**Transaction ID:** C14038

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL EDUCATION ASSOCIATION

Mailing Address 1201 16TH ST NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C70002209

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** C14035

Amount of Each Receipt this Period  
1000.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>4000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 12 / 27 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

Mailing Address 2101 WILSON BOULEVARD SUITE 400

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00325324

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

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

Transaction ID: C14042

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
NAT'L TELECOMMUNICATIONS COOPERATIVE ASSN./TELECOMMUNICATIONS EDUCATION COM

Mailing Address 4121 Wilson Blvd.  
10th Floor

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C14022

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
PIONEER NATURAL RESOURCES USA INC. POLITICAL ACTION COMMITTEE

Mailing Address 5205 N. OConnor Blvd. Suite 200

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C** C00420950

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C14029

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 13 / 27 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

**A.** Full Name (Last, First, Middle Initial)  
POLARIS INDUSTRIES INC POLITICAL PARTICIPATION PRO

Mailing Address 2100 HIGHWAY 55

City State Zip Code  
MEDINA MN 55340

FEC ID number of contributing federal political committee. **C** C00279497

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

**Transaction ID:** C14037

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION (SEIU)

Mailing Address 1313 L Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

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

**Transaction ID:** C14014

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
SWIFT & COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1770 Promontory Circle

City State Zip Code  
Greeley CO 80634

FEC ID number of contributing federal political committee. **C** C00394650

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

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

**Transaction ID:** C14016

Amount of Each Receipt this Period  
2000.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 14 / 27                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 11d   | <input type="checkbox"/> 12  | <input type="checkbox"/> 13a            |
| <input type="checkbox"/> 13b   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

**A.** Full Name (Last, First, Middle Initial)  
TEXAS FARM BUREAU FRIENDS OF AGRICULTURE FUND (AGFUND) INC (TEXAS FARM BUREAU FRIENDS OF AGRICULTURE FUND)

Mailing Address 7420 FISH POND ROAD  
PO BOX 2689

City WACO State TX Zip Code 76702

FEC ID number of contributing federal political committee. **C** C00214981

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

DATE OF RECEIPT  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID: C14033**

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
TEXAS FARM BUREAU FRIENDS OF AGRICULTURE FUND (AGFUND) INC (TEXAS FARM BUREAU FRIENDS OF AGRICULTURE FUND)

Mailing Address 7420 FISH POND ROAD  
PO BOX 2689

City WACO State TX Zip Code 76702

FEC ID number of contributing federal political committee. **C** C00214981

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

DATE OF RECEIPT  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID: C14034**

Amount of Each Receipt this Period  
1000.00

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

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 2000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 41600.00 |

**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 15 / 27

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bremer Bank 941</b>   |  | <b>Transaction ID: D5613</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 3 / 2 0 0 6 |
| Mailing Address PO BOX 827 115 East Holmes Street  |  | Amount of Each Disbursement this Period<br>694.50  |
| City Detroit Lakes State MN Zip Code 56501   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Payroll Expenses<br>Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Hawley Herald</b>   |  | <b>Transaction ID: D5622</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 5 / 2 0 0 6 |
| Mailing Address PO Box 709   |  | Amount of Each Disbursement this Period<br>165.00  |
| City Hawley State MN Zip Code 56549  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Advertising<br>Candidate Name  |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. KBMO-AM</b>   |  | <b>Transaction ID: D5623</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 4 / 2 0 0 6 |
| Mailing Address 105 13th St. N   |  | Amount of Each Disbursement this Period<br>396.00  |
| City Benson State MN Zip Code 56215  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Advertising<br>Candidate Name  |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1255.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|  |  |  |
|--|--|--|
| <b>A. KBMW-AM</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address <b>BOX 286</b><br>City <b>Breckenridge</b> State <b>MN</b> Zip Code <b>56520</b><br>Purpose of Disbursement <b>Advertising</b><br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  | <b>Transaction ID: D5624</b><br>Date of Disbursement<br>10 / 04 / 2006<br>Amount of Each Disbursement this Period<br>360.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |  |   |
|--|--|---|
| <b>B. KBRF/KZCR/KJJK</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address <b>Lakes Radio PO BOX 495</b><br>City <b>Fergus Falls</b> State <b>MN</b> Zip Code <b>56538</b><br>Purpose of Disbursement <b>Advertising</b><br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  | <b>Transaction ID: D5625</b><br>Date of Disbursement<br>10 / 02 / 2006<br>Amount of Each Disbursement this Period<br>1972.80<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|   |  |   |
|---|--|---|
| <b>C. KCNN/KYCK</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address <b>PO BOX 13638</b><br><b>Old Belmont Road South</b><br>City <b>Grand Forks</b> State <b>ND</b> Zip Code <b>58208</b><br>Purpose of Disbursement <b>Advertising</b><br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  | <b>Transaction ID: D5626</b><br>Date of Disbursement<br>10 / 04 / 2006<br>Amount of Each Disbursement this Period<br>1936.80<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

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

**4269.60**

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/>            | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|   |  |  |
|---|--|--|
| <b>A. KDLM/KBOT</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1340 Richsood Road<br>City Detroit Lakes State MN Zip Code 56501<br>Purpose of Disbursement Advertising<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5627</b><br>Date of Disbursement<br>10 / 02 / 2006<br>Amount of Each Disbursement this Period<br>739.20<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

|  |  |  |
|--|--|--|
| <b>B. KDMA-AM</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO BOX 738<br>City Montevideo State MN Zip Code 56265<br>Purpose of Disbursement Advertising<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5628</b><br>Date of Disbursement<br>10 / 02 / 2006<br>Amount of Each Disbursement this Period<br>810.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |  |  |
|--|--|--|
| <b>C. KDUZ/KARP Radio</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 20132 Hwy 15<br>City Hutchinson State MN Zip Code 55350<br>Purpose of Disbursement Advertising<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5629</b><br>Date of Disbursement<br>10 / 02 / 2006<br>Amount of Each Disbursement this Period<br>875.52<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2424.72     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 27

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. KIKV Radio</b>  |  | <b>Transaction ID: D5630</b><br>Date of Disbursement<br>10 / 02 / 2006                              |
| Mailing Address 604 3rd Ave. W.  |  | Amount of Each Disbursement this Period<br>1056.00  |
| City Alexandria State MN Zip Code 56308  | Purpose of Disbursement Advertising<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. KJ-102 Radio</b>  |  | <b>Transaction ID: D5631</b><br>Date of Disbursement<br>10 / 02 / 2006                              |
| Mailing Address 407 3rd St. NW   |  | Amount of Each Disbursement this Period<br>271.20   |
| City Roseau State MN Zip Code 56751  | Purpose of Disbursement Advertising<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. KKWQ Radio</b>  |  | <b>Transaction ID: D5632</b><br>Date of Disbursement<br>10 / 02 / 2006                              |
| Mailing Address 501 Lake St. NE  |  | Amount of Each Disbursement this Period<br>600.00   |
| City Warroad State MN Zip Code 56762   | Purpose of Disbursement Advertising<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1927.20     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. KLF D Radio</b>   |  | <b>Transaction ID: D5633</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 4 / 2 0 0 6 |
| Mailing Address 234 North Sibley Avenue  |  | Amount of Each Disbursement this Period<br>288.00  |
| City Litchfield State MN Zip Code 55355  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Advertising<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. KLGR Radio</b>  |  | <b>Transaction ID: D5634</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 4 / 2 0 0 6 |
| Mailing Address 639 West Bridge Street   |  | Amount of Each Disbursement this Period<br>336.00  |
| City Redwood Falls State MN Zip Code 56283   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Advertising<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. KMHL Radio</b>  |  | <b>Transaction ID: D5635</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 4 / 2 0 0 6 |
| Mailing Address PO BOX 61  |  | Amount of Each Disbursement this Period<br>1236.00   |
| City Marshall State MN Zip Code 56258  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Advertising<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1860.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. KRJB Radio</b>  |  | <b>Transaction ID: D5636</b><br>Date of Disbursement<br>10 / 02 / 2006 |
| Mailing Address 312 W Main St  |  | Amount of Each Disbursement this Period<br>936.00                      |
| City Ada State MN Zip Code 56510   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Advertising<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Krox - Am</b>   |  | <b>Transaction ID: D5637</b><br>Date of Disbursement<br>10 / 04 / 2006 |
| Mailing Address 208 South Main Street  |  | Amount of Each Disbursement this Period<br>403.20                      |
| City Crookston State MN Zip Code 56716   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Advertising<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. KTRF/KKDQ</b>   |  | <b>Transaction ID: D5638</b><br>Date of Disbursement<br>10 / 02 / 2006 |
| Mailing Address 1433 N. Main   |  | Amount of Each Disbursement this Period<br>768.00                      |
| City Thief River Falls State MN Zip Code 56701   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Advertising<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>2107.20</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|  |  |   |
|--|--|---|
| <b>A. KXRA - AM &amp; FM</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO BOX 69<br>City Alexandria State MN Zip Code 56308<br>Purpose of Disbursement Advertising<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5639</b><br>Date of Disbursement<br>10 / 02 / 2006<br>Amount of Each Disbursement this Period<br>1569.60<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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|---|--|--|
| <b>B. Minnesota Trooper</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 722 W. 66th St. #308<br>City Minneapolis State MN Zip Code 55423<br>Purpose of Disbursement Advertising<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5640</b><br>Date of Disbursement<br>10 / 05 / 2006<br>Amount of Each Disbursement this Period<br>150.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| <b>C. Mosaic Consulting</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address C/O Cyndi Anderson 12932 Timber La<br>City Detroit Lakes State MN Zip Code 56501<br>Purpose of Disbursement Fundraising and Campaign Services<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5643</b><br>Date of Disbursement<br>10 / 02 / 2006<br>Amount of Each Disbursement this Period<br>3920.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5639.60     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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| <input checked="" type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/>            | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mosaic Consulting</b>   |  | <b>Transaction ID: D5644</b><br>Date of Disbursement<br>10 / 02 / 2006 |
| Mailing Address C/O Cyndi Anderson 12932 Timber La   |  | Amount of Each Disbursement this Period<br>382.50                      |
| City Detroit Lakes State MN Zip Code 56501   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>Clerical Service  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mosaic Consulting</b>   |  | <b>Transaction ID: D5642</b><br>Date of Disbursement<br>10 / 02 / 2006 |
| Mailing Address C/O Cyndi Anderson 12932 Timber La   |  | Amount of Each Disbursement this Period<br>210.00                      |
| City Detroit Lakes State MN Zip Code 56501   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>Bulk Mail Permit  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mosaic Consulting</b>   |  | <b>Transaction ID: D5641</b><br>Date of Disbursement<br>10 / 02 / 2006 |
| Mailing Address C/O Cyndi Anderson 12932 Timber La   |  | Amount of Each Disbursement this Period<br>5.04                        |
| City Detroit Lakes State MN Zip Code 56501   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>Phone   | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 597.54      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Paul Bunyan Broadcasting</b>  |  | <b>Transaction ID: D5646</b><br>Date of Disbursement<br>10 / 04 / 2006 |
| Mailing Address PO BOX 1656  |  | Amount of Each Disbursement this Period<br>1776.00                     |
| City Bemidji State MN Zip Code 56619-1656  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Advertising<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ELLIOTT A PETERSON</b>  |  | <b>Transaction ID: D5618</b><br>Date of Disbursement<br>10 / 02 / 2006 |
| Mailing Address 2203 General Kirk Drive  |  | Amount of Each Disbursement this Period<br>998.38                      |
| City Murfreesboro State TN Zip Code 37129  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Payroll Expenses<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ELLIOTT A PETERSON</b>  |  | <b>Transaction ID: D5619</b><br>Date of Disbursement<br>10 / 02 / 2006 |
| Mailing Address 2203 General Kirk Drive  |  | Amount of Each Disbursement this Period<br>42.95                       |
| City Murfreesboro State TN Zip Code 37129  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Internet Oct<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>2817.33</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | _____          |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/>            | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|   |  |   |
|---|--|---|
| <b>A. ELLIOTT A PETERSON</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 2203 General Kirk Drive<br>City Murfreesboro State TN Zip Code 37129<br>Purpose of Disbursement Cell Phone Oct<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5621</b><br>Date of Disbursement<br>10 / 02 / 2006<br>Amount of Each Disbursement this Period<br>70.97<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| <b>B. U.S. Postmaster</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address Lake Avenue<br>City Detroit Lakes State MN Zip Code 56501<br>Purpose of Disbursement Stamps<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5647</b><br>Date of Disbursement<br>10 / 02 / 2006<br>Amount of Each Disbursement this Period<br>35.10<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| <b>C. Wday - Am</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 2466<br>City Fargo State ND Zip Code 58108<br>Purpose of Disbursement Advertising<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5648</b><br>Date of Disbursement<br>10 / 02 / 2006<br>Amount of Each Disbursement this Period<br>1760.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1866.07     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/>            | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Whitey's</b>  |  | <b>Transaction ID: D5649</b><br>Date of Disbursement<br>10 / 13 / 2006                              |  |
| Mailing Address Demers Avenue  |  | Amount of Each Disbursement this Period<br>300.00   |  |
| City East Grand Forks<br>State MN<br>Zip Code 56721  | Purpose of Disbursement<br>Event Food  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Bremer Cardmember Service</b>   |  | <b>Transaction ID: D5614</b><br>Date of Disbursement<br>10 / 05 / 2006                              |  |
| Mailing Address PO BOX 790408  |  | Amount of Each Disbursement this Period<br>19.95  |  |
| City St. Louis<br>State MO<br>Zip Code 63179-0408  | Purpose of Disbursement<br>Clickbank.com Software Download   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Bremer Cardmember Service</b>   |  | <b>Transaction ID: D5615</b><br>Date of Disbursement<br>10 / 05 / 2006                              |  |
| Mailing Address PO BOX 790408  |  | Amount of Each Disbursement this Period<br>20.00  |  |
| City St. Louis<br>State MO<br>Zip Code 63179-0408  | Purpose of Disbursement<br>Cato Travel   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 339.95 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

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

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bremer Cardmember Service</b>  |   | <b>Transaction ID: D5616</b><br>Date of Disbursement<br>10 / 05 / 2006   |
| Mailing Address PO BOX 790408   |   | Amount of Each Disbursement this Period<br>145.80  |
| City St. Louis      State MO      Zip Code 63179-0408   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Purpose of Disbursement Southwest Airlines<br>Candidate Name  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State:      District: |   | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Bremer Cardmember Service</b>  |   | <b>Transaction ID: D5617</b><br>Date of Disbursement<br>10 / 05 / 2006   |
| Mailing Address PO BOX 790408   |   | Amount of Each Disbursement this Period<br>20.00   |
| City St. Louis      State MO      Zip Code 63179-0408   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Purpose of Disbursement Cato Travel<br>Candidate Name   |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State:      District: |   | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ELLIOTT A PETERSON</b>   |   | <b>Transaction ID: D5620</b><br>Date of Disbursement<br>10 / 02 / 2006   |
| Mailing Address 2203 General Kirk Drive   |   | Amount of Each Disbursement this Period<br>74.98   |
| City Murfreesboro      State TN      Zip Code 37129   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Purpose of Disbursement Computer Hard Drive Staples<br>Candidate Name   |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State:      District: |   | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>240.78</b>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <b>25345.49</b> |

**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 27 / 27

|                          |     |                          |     |                          |     |                                     |     |
|--------------------------|-----|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|
| <input type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/>            | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input checked="" type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Peterson for Congress

A. Full Name (Last, First, Middle Initial)  
Patrick Murphy for Congress

Mailing Address PO Box 868

City Levittown State PA Zip Code 19058-0868

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5645

Date of Disbursement

10 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

1000.00

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

1000.00