

**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 PRINTExample: If typing, type  
over the lines

Kline for Congress

ADDRESS (number and street)

101 W Burnsville Pkwy, Suite 104

Check if different  
than previously  
reported. (ACC)

Burnsville

MN

55337

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00326629

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE DISTRICT

MN

02

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

in the  
State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2007

through

03

31

2007

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

Ruth Ann Michnay, Treasurer

Signature of Treasurer

Electronically Filed by Ruth Ann Michnay, Treasurer

Date

04

09

2007

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**FEC FORM 3**

(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Kline for Congress

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	158540.00	159890.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	158540.00	159890.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	62052.29	79976.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	20900.28
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	62052.29	59076.05
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	113504.81	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Kline for Congress

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**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).....

85950.00

86950.00

(ii) Unitemized.....

4840.00

5190.00

(iii) TOTAL of contributions

90790.00

92140.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

67750.00

67750.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

158540.00

159890.00

(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

20900.28

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

83.70

275.75

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

158623.70

181066.03

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	62052.29	79976.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	26000.00	29000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	88052.29	108976.33

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	42933.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	158623.70
25. SUBTOTAL (add Line 23 and Line 24).....	201557.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	88052.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	113504.81

**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 / 72
	<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	

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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
3M PAC

Mailing Address 3M Center Building 2

City State Zip Code  
Saint Paul MN 55144

FEC ID number of contributing federal political committee. **C** C00084475

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

**Transaction ID:** 70403.C30973

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Aircraft Owners & Pilots Association PAC

Mailing Address 601 Pennsylvania Ave NW

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

**Transaction ID:** 70403.C30969

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Albertsons Inc. PAC

Mailing Address PO Box 20

City State Zip Code  
Boise ID 83726

FEC ID number of contributing federal political committee. **C** C00243220

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

**Transaction ID:** 70403.C30992

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

**TOTAL** 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 6 / 72
	<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)  
Kline for Congress

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

Mailing Address 30 West Superior St

City State Zip Code  
Duluth MN 55802

FEC ID number of contributing federal political committee. **C** C00142489

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2007

**Transaction ID:** 70403.C30996

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Bankers Association PAC

Mailing Address 1120 Connecticut Ave NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

**Transaction ID:** 70321.C30921

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Council of Engineering

Mailing Address 1015 Fifteenth Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

**Transaction ID:** 70321.C30931

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</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 / 72
	<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. American Hotel &amp; Lodging Association</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 1201 New York		Transaction ID: 70321.C30929	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00001198	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. American Trucking Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007	
Mailing Address 430 First Street SE		Transaction ID: 70403.C31000	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00002881	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Election Cycle-to-Date 2000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ameriprise Financial PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 101 Constitution Ave NW Suite 816 W.		Transaction ID: 70321.C30940	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00414474	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<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 8 / 72
	<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Associated Builders &amp; Contractors PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address Robert T. Heise 10193 Crosstown Circle		<b>Transaction ID: 70321.C30941</b>	
City State Zip Code Eden Prairie MN 55344		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C70003355		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Associated Builders &amp; Contractors PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007	
Mailing Address Robert T. Heise 10193 Crosstown Circle		<b>Transaction ID: 70403.C31001</b>	
City State Zip Code Eden Prairie MN 55344		Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. <b>C</b> C70003355		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 175 E Houston, Rm 7-A-50		<b>Transaction ID: 70403.C30970</b>	
City State Zip Code San Antonio TX 78205		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00109017		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 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 / 72
	<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)  
Kline for Congress

A. Full Name (Last, First, Middle Initial) BAE Systems USA PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address Doug Stewart 1300 N 17th St		Transaction ID: 70403.C30980	
City Arlington State VA Zip Code 22209		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00281212		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Career College Association		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 10 G St NE S		Transaction ID: 70321.C30922	
City Washington State DC Zip Code 20002		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00213066		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Cenex/Harvest States PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address PO Box 64089		Transaction ID: 70403.C30984	
City Saint Paul State MN Zip Code 55164		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b> C00149104		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<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 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ceridian Corporation

Mailing Address 3311 East Old Shakopee Rd

City State Zip Code  
Bloomington MN 55425

FEC ID number of contributing federal political committee. **C** C00344127

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

**Transaction ID:** 70321.C30939

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
EDS Corporation PAC

Mailing Address 1331 Pennsylvania Ave, NW Suite 1300 North

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00111658

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2007

**Transaction ID:** 70403.C30998

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Employees of Northrop Grumman PAC

Mailing Address 1840 Century Park E

City State Zip Code  
Los Angeles CA 90067

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

**Transaction ID:** 70403.C30981

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<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 11 / 72
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Farm Credit Council

Mailing Address 50 F St. NW  
Suite 900

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

**Transaction ID:** 70403.C30982

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
General Dynamics Voluntary PAC

Mailing Address Henry Eaton, Dir, Govt  
2941 Fairview Park Dr, #100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

**Transaction ID:** 70403.C30966

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
General Electric Company PAC

Mailing Address 1299 Pennsylvania Ave NW  
Suite 1100

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

**Transaction ID:** 70403.C30972

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

**TOTAL** 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 / 72
	<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)  
Kline for Congress

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

Mailing Address Four Coliseum Centre  
2730 West Tyvola Road

City State Zip Code  
Charlotte NC 28217

FEC ID number of contributing federal political committee. **C** C00101725

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 70321.C30919

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ice Cream Milk & Cheese PAC

Mailing Address 1250 H ST. NW Suite 900

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00128231

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 70321.C30923

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
International Franchise Association

Mailing Address David French, VP Govt Relations  
PO Box 529

City State Zip Code  
Washington DC 20044-0529

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2007

Transaction ID: 70403.C30995

Amount of Each Receipt this Period  
2500.00

Receipt  
 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 13 / 72
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Investment Company Institute PAC

Mailing Address Daniel F.C. Crowley  
1401 H Street, NW #1200

City Washington State DC Zip Code 20005-2148

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007

Transaction ID: 70403.C30965

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lockridge Grindal Nauen Political Fund

Mailing Address 100 Washington Ave S.  
Suite 2200

City Minneapolis State MN Zip Code 55401

FEC ID number of contributing federal political committee. **C** C00167916

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007

Transaction ID: 70403.C30974

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Natl Air Traffic Controllers PAC

Mailing Address John Carr, Treasurer  
1325 Massachusetts Ave, NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007

Transaction ID: 70403.C30968

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<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 14 / 72
	<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)  
Kline for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) National Beer Wholesalers Assoc. PAC Mailing Address 1100 King St Suite 600 City State Zip Code Alexandria VA 22314 FEC ID number of contributing federal political committee. <b>C</b> C00144766 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70403.C30999 Amount of Each Receipt this Period 2500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	3	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	3	1	/	2	0	0	7													

<b>B.</b> Full Name (Last, First, Middle Initial) National Restaurant Association PAC Mailing Address 1200 17th St. NW City State Zip Code Washington DC 20036 FEC ID number of contributing federal political committee. <b>C</b> C00003764 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70321.C30927 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	0	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	2	0	/	2	0	0	7													

<b>C.</b> Full Name (Last, First, Middle Initial) National Restaurant Association PAC Mailing Address 1200 17th St. NW City State Zip Code Washington DC 20036 FEC ID number of contributing federal political committee. <b>C</b> C00003764 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70403.C30964 Amount of Each Receipt this Period 4000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	7	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	2	7	/	2	0	0	7													

<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 15 / 72
	<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)  
Kline for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) PAC of Foodservice Distributors Mailing Address 201 Park Washington Ct. City Falls Church State VA Zip Code 22046 FEC ID number of contributing federal political committee. <b>C</b> C00383521 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70321.C30924 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	0	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	0	/	2	0	0	7														
1000.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) PenneyPAC Mailing Address 6501 Legacy Drive City Plano State TX Zip Code 75024 FEC ID number of contributing federal political committee. <b>C</b> C00042895 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70321.C30926 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	0	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	0	/	2	0	0	7														
1000.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) RetailPAC Mailing Address Robert Green, VP, Govt & Pol. Aff Liberty Place City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. <b>C</b> C00040329 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70321.C30925 Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	0	/	2	0	0	7	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	0	/	2	0	0	7														
2500.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>4500.00</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:	PAGE 16 / 72
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Kline for Congress

**A.** Safari Club International  
Mailing Address 501 2nd St NE  
City Washington State DC Zip Code 20002  
FEC ID number of contributing federal political committee. **C** C00122101  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007  
Transaction ID: 70403.C30967  
Amount of Each Receipt this Period  
1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** TargetCitizens Federal Forum  
Mailing Address 1000 Nicollet Mall  
City Minneapolis State MN Zip Code 55403  
FEC ID number of contributing federal political committee. **C** C00098061  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 15 / 2007  
Transaction ID: 70312.C30866  
Amount of Each Receipt this Period  
5000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Textron PAC  
Mailing Address 1101 Pennsylvania Ave NW  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00123612  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007  
Transaction ID: 70403.C30963  
Amount of Each Receipt this Period  
1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**TOTAL** 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 17 / 72
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
The Freedom Project

Mailing Address 111 C St SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70403.C30983

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
United for Health PAC

Mailing Address 1225 New York Ave NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: 70403.C30994

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
UPS PAC

Mailing Address 55 Glenlake Pkwy NE

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 70321.C30942

Amount of Each Receipt this Period  
1000.00

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

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

**TOTAL** 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 18 / 72
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
USAA Group PAC

Mailing Address USAA Building F-3

City San Antonio State TX Zip Code 78288

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

**Transaction ID:** 70321.C30928

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Walmart Stores PAC

Mailing Address 1201 New York Ave NW Suite 400

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2007

**Transaction ID:** 70403.C30997

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wells Fargo & Co. Employee PAC

Mailing Address Sixth & Marquette

City Minneapolis State MN Zip Code 55479

FEC ID number of contributing federal political committee. **C** C00034595

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

**Transaction ID:** 70312.C30903

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>67750.00</b>

# 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 19 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Edward Anderson

Mailing Address PO Box 50191

City State Zip Code  
Minneapolis MN 55405-0191

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

Name of Employer National Arbitration Forum Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2007

Transaction ID: 70312.C30882

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joel Arney

Mailing Address 4 Windy Hill Ct

City State Zip Code  
Inver Grove Height MN 55077

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

Name of Employer Physician Ridges Anesthesi-a, PA Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70404.C31008

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Raymond Barton

Mailing Address 5915 Christmas Lake Rd

City State Zip Code  
Excelsior MN 55331-3306

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

Name of Employer Great Clips Inc. Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2007

Transaction ID: 70312.C30776

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**TOTAL** 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 20 / 72
	<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

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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Thomas Beddow

Mailing Address 1425 K St, Suite 300

City Washington State DC Zip Code 20005

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

Name of Employer 3M Occupation Public Affairs & Government Ma

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 20 / 2007

Transaction ID: 70321.C30930

Amount of Each Receipt this Period  
 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
James Bissonett

Mailing Address 9253 N 117th St

City Scottsdale State AZ Zip Code 85259

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

Name of Employer Monterey Benefits, LLC Occupation Benefits Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 23 / 2007

Transaction ID: 70312.C30873

Amount of Each Receipt this Period  
 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Richard Blanchfield

Mailing Address 15998 Cove Lane

City Dumfries State VA Zip Code 22026

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

Name of Employer Science Applications Internati Occupation Senior Analyst

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 30 / 2007

Transaction ID: 70312.C30804

Amount of Each Receipt this Period  
 250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<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 21 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Armand Brachman

Mailing Address 1990 W Farm Rd

City State Zip Code  
Long Lake MN 55356-9349

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

Name of Employer Occupation  
Dominium Inc. President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2007

Transaction ID: 70312.C30805

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Edward Brehm

Mailing Address 430 Brown Rd S

City State Zip Code  
Wayzata MN 55391-9314

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

Name of Employer Occupation  
The Brehm Group CEO/Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2007

Transaction ID: 70312.C30827

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Neil Brown

Mailing Address 16508 Blenheim Way

City State Zip Code  
Minnetonka MN 55345-2709

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

Name of Employer Occupation  
TCF Financial Corporation President & COO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2007

Transaction ID: 70312.C30862

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**TOTAL** 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 22 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lawrence Carlson

Mailing Address 821 142nd Ave NE

City State Zip Code  
Andover MN 55304-6758

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

Name of Employer  
Carlson Lundquist & Company Lt

Occupation  
CPA

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 22 / 2007

Transaction ID: 70312.C30752

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 8676 Wynstone Pass

City State Zip Code  
Eden Prairie MN 55347-1747

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

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 15 / 2007

Transaction ID: 70312.C30863

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Douglas Coleman

Mailing Address 140 S Brown Rd

City State Zip Code  
Long Lake MN 55356-9134

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

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 23 / 2007

Transaction ID: 70312.C30876

Amount of Each Receipt this Period  
250.00

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

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

**TOTAL** 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 23 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Antanas Daugela

Mailing Address 8412 Carriage Hill Rd

City State Zip Code  
Savage MN 55378-2342

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

Name of Employer Occupation  
Seagate Technology Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2007

Transaction ID: 70403.C30975

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
H. Lee Dixon

Mailing Address 2542 Vale Ct

City State Zip Code  
Davidsonville MD 21035

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

Name of Employer Occupation  
Robison International Inc Director, Government Relations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 70321.C30918

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Megan Doyle

Mailing Address 10453 Bluff Rd

City State Zip Code  
Eden Prairie MN 55347-5009

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2007

Transaction ID: 70321.C30950

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2700.00**

**TOTAL** 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 24 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
John Driscoll

Mailing Address 357 Salem Church Road

City State Zip Code  
St Paul MN 55118

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1700.00

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

Transaction ID: 70312.C30775

Amount of Each Receipt this Period  
1700.00

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

**B.** Full Name (Last, First, Middle Initial)  
John Driscoll

Mailing Address 357 Salem Church Road

City State Zip Code  
St Paul MN 55118

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

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

Transaction ID: 70312.C30774

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ted Dudley

Mailing Address 2304 Huntington Point Rd W

City State Zip Code  
Wayzata MN 55391-9743

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 70312.C30744

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

**TOTAL** 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 25 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Joel Eiftmann

Mailing Address PO Box 385310

City State Zip Code  
Bloomington MN 55438-5310

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

Name of Employer I-Tech Products LLC Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

Transaction ID: 70403.C30993

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
John Esmay

Mailing Address 9051 Lake Blvd

City State Zip Code  
Chisago City MN 55013-9602

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

Name of Employer Coastal/Builders Club Inc Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

Transaction ID: 70403.C30988

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Lorraine Fields

Mailing Address 15421 Round Lake Blvd NW

City State Zip Code  
Andover MN 55304-3034

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 23 / 2007

Transaction ID: 70312.C30875

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**TOTAL** 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 26 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lorraine Fields

Mailing Address 15421 Round Lake Blvd NW

City State Zip Code  
Andover MN 55304-3034

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 70321.C30943

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Leland Frankman

Mailing Address 7831 23rd Ave N

City State Zip Code  
Minneapolis MN 55427-3581

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 23 / 2007

Transaction ID: 70312.C30886

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Laura Frid

Mailing Address 6351 129th St. W.

City State Zip Code  
Apple Valley MN 55124

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

Name of Employer Twin City Copy Service Occupation President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: 70326.C30961

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2650.00**

**TOTAL** 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 27 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Laura Frid

Mailing Address 6351 129th St. W.

City State Zip Code  
Apple Valley MN 55124

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

Name of Employer Occupation  
Twin City Copy Service President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

Transaction ID: 70326.C30960

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Tim Frid

Mailing Address 6351 129th St W

City State Zip Code  
Apple Valley MN 55124-5301

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

Name of Employer Occupation  
Twin City Copy Service Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

Transaction ID: 70326.C30959

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Tim Frid

Mailing Address 6351 129th St W

City State Zip Code  
Apple Valley MN 55124-5301

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

Name of Employer Occupation  
Twin City Copy Service Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

Transaction ID: 70326.C30958

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6900.00**

**TOTAL** 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 28 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
E.S. Fris

Mailing Address 1730 Burning Tree Drive

City State Zip Code  
Vienna VA 22182

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70312.C30811

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bruce Grachek

Mailing Address 5840 Oxford St N

City State Zip Code  
Saint Paul MN 55126-8411

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

Name of Employer Hank Specialties Inc. Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 7

Transaction ID: 70403.C30990

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Randy Grachek

Mailing Address 2288 149th Ave NW

City State Zip Code  
Andover MN 55304-2574

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

Name of Employer Hank Specialties Inc. Occupation Co-Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 7

Transaction ID: 70403.C30989

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** 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 29 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
William Gullickson

Mailing Address 8810 10th Ave N

City State Zip Code  
Minneapolis MN 55427-4319

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

Name of Employer  
McLaughlin Gormley King Co  
Occupation  
President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

**Transaction ID:** 70312.C30735

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Harold Hamilton

Mailing Address 1142 97th Ln NW

City State Zip Code  
Minneapolis MN 55433-5494

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

Name of Employer  
Micro Control Company  
Occupation  
President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 70312.C30777

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Lowell Hellervik

Mailing Address 59 4th St W

City State Zip Code  
Saint Paul MN 55102-1640

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

Name of Employer  
PDI  
Occupation  
I/O psych

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 7

**Transaction ID:** 70312.C30892

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**TOTAL** 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 30 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Herriges

Mailing Address 1214 Sibley Memorial Hwy

City State Zip Code  
Mendota MN 55150

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

Name of Employer Herregan Dist Inc Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 70321.C30948

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Louis Hill

Mailing Address 1315 Red Fox Road Suite #200

City State Zip Code  
Arden Hills MN 55112

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

Name of Employer Self Employed Occupation Entrepreneur

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 18 / 2007

Transaction ID: 70312.C30729

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Karen Hubbard

Mailing Address 2289 River Rd S

City State Zip Code  
Lakeland MN 55043-9775

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

Name of Employer Hubbard Broadcasting Inc Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

Transaction ID: 70403.C30979

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2800.00**

**TOTAL** 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 31 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Karen Hubbard

Mailing Address 2289 River Rd S

City State Zip Code  
Lakeland MN 55043-9775

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

Name of Employer Occupation  
Hubbard Broadcasting Inc Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70403.C30978

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Stanley S. Hubbard

Mailing Address 2289 River Rd S

City State Zip Code  
Lakeland MN 55043-9775

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

Name of Employer Occupation  
Hubbard Broadcasting Inc Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2007

Transaction ID: 70321.C30954

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Stanley S. Hubbard

Mailing Address 2289 River Rd S

City State Zip Code  
Lakeland MN 55043-9775

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

Name of Employer Occupation  
Hubbard Broadcasting Inc Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2007

Transaction ID: 70321.C30953

Amount of Each Receipt this Period  
2300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6900.00
<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 32 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Thomas Hurley

Mailing Address 5 Grieve Glen Ln

City State Zip Code  
Sunfish Lake MN 55118-4753

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

Name of Employer Preferred Management Services  
Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 70403.C30962

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Tony Johnson

Mailing Address 2310 Huntington Point Rd W

City State Zip Code  
Wayzata MN 55391-9743

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

Name of Employer Hidden Creek Industries  
Occupation CEO/President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2007

Transaction ID: 70312.C30778

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Alexander Keith

Mailing Address 5225 Meadow Crossing Rd SW

City State Zip Code  
Rochester MN 55902-3506

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

Name of Employer Retired  
Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2007

Transaction ID: 70312.C30865

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<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 33 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Esther Kellogg

Mailing Address 339 Mount Curve Blvd

City State Zip Code  
Saint Paul MN 55105-1217

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2007

Transaction ID: 70312.C30864

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert Klas

Mailing Address 892 Marie Ave W

City State Zip Code  
Saint Paul MN 55118-4224

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

Name of Employer Occupation  
Tapemark Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2007

Transaction ID: 70312.C30889

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Charles Luther

Mailing Address 16 Paddock Rd

City State Zip Code  
Minneapolis MN 55436-1346

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

Name of Employer Occupation  
Luther Automotive Group Owner & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2007

Transaction ID: 70403.C30976

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3800.00**

**TOTAL** 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 34 / 72
	<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Wendell Maddox</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 4415 Avondale St		Transaction ID: 70312.C30883
City State Zip Code Minnetonka MN 55345-2754	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer ION Electronics	Occupation President & CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Kurt Manley</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 2640 Eagan Woods Dr, Ste 220		Transaction ID: 70321.C30946
City State Zip Code Eagan MN 55122-1138	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Manley Construction	Occupation Owner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Jana McKeag</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 315 Queen St		Transaction ID: 70312.C30812
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Lowry Strategies	Occupation Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<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 35 / 72
	<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Lynn Nagorske		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 1040 Tonkawa Rd		Transaction ID: 70321.C30935	
City State Zip Code Long Lake MN 55356-9238	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation TCF Financial Corporation Banking	Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Lynn Nagorske		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 1040 Tonkawa Rd		Transaction ID: 70321.C30936	
City State Zip Code Long Lake MN 55356-9238	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation TCF Financial Corporation Banking	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas W Nelson		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007	
Mailing Address 1310 Vista Dr		Transaction ID: 70403.C31003	
City State Zip Code Burnsville MN 55337-2337	Amount of Each Receipt this Period 1200.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Shield Technologies Corp. President	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5800.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

# 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 36 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
James Noone

Mailing Address 4810 Bentonbrook Dr.

City State Zip Code  
Fairfax VA 22030

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

Name of Employer Occupation  
The Washington Group Senior Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 70321.C30920

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Clifford Olson

Mailing Address 18787 Hobby Hills Cir

City State Zip Code  
Prior Lake MN 55372-9704

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

Name of Employer Occupation  
AbelConn Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 30 / 2007

Transaction ID: 70312.C30806

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Clifford Olson

Mailing Address 18787 Hobby Hills Cir

City State Zip Code  
Prior Lake MN 55372-9704

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

Name of Employer Occupation  
AbelConn Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 30 / 2007

Transaction ID: 70312.C30807

Amount of Each Receipt this Period  
1900.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4700.00**

**TOTAL** 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 37 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Tim Owens		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 1070 Ferndale Rd W		Transaction ID: 70312.C30897
City State Zip Code Wayzata MN 55391-9633	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Voyager Financial Services Cor	Occupation CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Palmquist		Date of Receipt M M / D D / Y Y Y Y Y 02 / 23 / 2007
Mailing Address 3454 Circle Bluff Ct		Transaction ID: 70312.C30884
City State Zip Code Faribault MN 55021-7258	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SpeechGear	Occupation President & CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Gregory Pulles		Date of Receipt M M / D D / Y Y Y Y Y 02 / 23 / 2007
Mailing Address 4625 Xene Ln N		Transaction ID: 70312.C30879
City State Zip Code Minneapolis MN 55446-2191	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer TCF Financial Corporation	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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 38 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gene Rehtzigel

Mailing Address 19799 Juno Trail

City State Zip Code  
Lakeville MN 55044

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2007

Transaction ID: 70312.C30874

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bryan Reichel

Mailing Address 9600 Towering Oaks Curv

City State Zip Code  
Prior Lake MN 55372-8131

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

Name of Employer PureChoice Inc Occupation Chairman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2007

Transaction ID: 70312.C30858

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bryan Reichel

Mailing Address 9600 Towering Oaks Curv

City State Zip Code  
Prior Lake MN 55372-8131

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

Name of Employer PureChoice Inc Occupation Chairman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

600.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 70321.C30944

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

**TOTAL** 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 39 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Roberts

Mailing Address 29780 Gerlach Way

City Cannon Falls State MN Zip Code 55009-7146

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 70321.C30932

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ronald Schutz

Mailing Address 865 Navajo Rd W

City Hamel State MN Zip Code 55340-9487

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

Name of Employer Robins Kaplan Miller Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

Transaction ID: 70312.C30907

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MDEWAKANTON SHAKOPEE

Mailing Address 2330 Sioux Trl NW

City Prior Lake State MN Zip Code 55372-9077

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

Name of Employer Native American Tribe Occupation Native American Tribe

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2007

Transaction ID: 70312.C30887

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00

**TOTAL** 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 40 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
James Sieben

Mailing Address 9349 Cortland Ct

City State Zip Code  
Woodbury MN 55125-9153

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

Name of Employer Health Billings Systems  
Occupation Attorney - Staff

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: 70403.C30985

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas Stauber

Mailing Address 3700 N Chestnut St Ste 102

City State Zip Code  
Chaska MN 55318-3053

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

Name of Employer Edward Sales Inc  
Occupation President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 09 / 2007

Transaction ID: 70312.C30860

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dean Sundquist

Mailing Address 4315 Oakview Ln N

City State Zip Code  
Minneapolis MN 55442-2776

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

Name of Employer Mate Precision Tooling  
Occupation Business

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 09 / 2007

Transaction ID: 70312.C30853

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4550.00**

**TOTAL** 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 41 / 72
	<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)  
Kline for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) David Toombs		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7	
Mailing Address PO Box 479 3315 147th St. W.		<b>Transaction ID:</b> 70312.C30736	
City Rosemount State MN Zip Code 55068-0479		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer First State Bank of Rosemount Occupation President		Election Cycle-to-Date ▼ 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) David Toombs		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7	
Mailing Address PO Box 479 3315 147th St. W.		<b>Transaction ID:</b> 70321.C30952	
City Rosemount State MN Zip Code 55068-0479		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer First State Bank of Rosemount Occupation President		Election Cycle-to-Date ▼ 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) John Trautz		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 4509 Edina Blvd		<b>Transaction ID:</b> 70312.C30885	
City Minneapolis State MN Zip Code 55424-1135		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Reliance Development Company Occupation Executive		Election Cycle-to-Date ▼ 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<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 42 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
John Treichler

Mailing Address 12692 Roble Veneno Ln

City State Zip Code  
Los Altos Hills CA 94022

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

Name of Employer Applied Signal Tech Occupation Engineering

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

Transaction ID: 70312.C30900

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
John Treichler

Mailing Address 12692 Roble Veneno Ln

City State Zip Code  
Los Altos Hills CA 94022

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

Name of Employer Applied Signal Tech Occupation Engineering

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

Transaction ID: 70312.C30899

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ronald Turner

Mailing Address 16612 Grays Bay Blvd

City State Zip Code  
Wayzata MN 55391-2917

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

Name of Employer Ceridian Corporation Occupation Chairman, President and CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

Transaction ID: 70312.C30893

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4800.00**

**TOTAL** 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 43 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Morrie Wagener

Mailing Address 1420 Bohns Point Rd

City State Zip Code  
Wayzata MN 55391-9308

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

Name of Employer Occupation  
Morries Automotive Group Owner/Dealer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2007

Transaction ID: 70312.C30834

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joseph Weis

Mailing Address 2227 7th St NW  
PO Box 6757

City State Zip Code  
Rochester MN 55901-0206

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

Name of Employer Occupation  
Weis Builders Inc Chairman of Board

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70403.C30991

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Randall West

Mailing Address 1 Massachusetts Ave NW  
Suite 880

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
Robison International VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 70403.C30971

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3050.00**

**TOTAL** 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 44 / 72
	<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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
John Wren

Mailing Address 2261 Northridge Avenue Cir

City State Zip Code  
Stillwater MN 55082-2506

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

Name of Employer Occupation  
Lakeville Motor Express President & CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1900.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2007

Transaction ID: 70312.C30852

Amount of Each Receipt this Period  
1900.00

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

**B.** Full Name (Last, First, Middle Initial)  
John Wren

Mailing Address 2261 Northridge Avenue Cir

City State Zip Code  
Stillwater MN 55082-2506

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

Name of Employer Occupation  
Lakeville Motor Express President & CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

4200.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2007

Transaction ID: 70312.C30851

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Craig Wylie

Mailing Address 13720 Lincoln St NE

City State Zip Code  
Andover MN 55304-6946

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

Name of Employer Occupation  
Wolf Creek Elk Ranch Management

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2007

Transaction ID: 70312.C30810

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4700.00**

**TOTAL** 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 45 / 72	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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) Kline for Congress
---

Full Name (Last, First, Middle Initial) A. Craig Wylie	
Mailing Address 13720 Lincoln St NE	
City Andover	State MN
Zip Code 55304-6946	
FEC ID number of contributing federal political committee. C	
Name of Employer Wolf Creek Elk Ranch	Occupation Management
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00

Date of Receipt MM / DD / YYYY 03 / 20 / 2007
Transaction ID: 70321.C30945
Amount of Each Receipt this Period 250.00
Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....	250.00
TOTAL This Period (last page this line number only) .....	85950.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 72
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Eagle Valley Bank

Mailing Address PO Box 1173  
8000 Cty Rd 42W

City Burnsville State MN Zip Code 55337-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
198.51

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2007

Transaction ID: 70321.C30916

Amount of Each Receipt this Period  
6.46

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

**B.** Full Name (Last, First, Middle Initial)  
Eagle Valley Bank

Mailing Address PO Box 1173  
8000 Cty Rd 42W

City Burnsville State MN Zip Code 55337-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
223.94

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2007

Transaction ID: 70321.C30917

Amount of Each Receipt this Period  
25.43

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

**C.** Full Name (Last, First, Middle Initial)  
Eagle Valley Bank

Mailing Address PO Box 1173  
8000 Cty Rd 42W

City Burnsville State MN Zip Code 55337-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
227.43

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2007

Transaction ID: 70312.C30911

Amount of Each Receipt this Period  
3.49

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	35.38
<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 47 / 72
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 11d	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Eagle Valley Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address PO Box 1173 8000 Cty Rd 42W		Transaction ID: 70312.C30912
City Burnsville	State MN	Zip Code 55337-
Amount of Each Receipt this Period 10.76		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 238.19	

Full Name (Last, First, Middle Initial) <b>B. Eagle Valley Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address PO Box 1173 8000 Cty Rd 42W		Transaction ID: 70404.C31005
City Burnsville	State MN	Zip Code 55337-
Amount of Each Receipt this Period 2.71		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 240.90	

Full Name (Last, First, Middle Initial) <b>C. Eagle Valley Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address PO Box 1173 8000 Cty Rd 42W		Transaction ID: 70404.C31006
City Burnsville	State MN	Zip Code 55337-
Amount of Each Receipt this Period 34.85		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.75	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	48.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	83.70

**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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Aristotle International, Inc</b>		<b>Transaction ID:</b> 70108.E3664 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1590.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer/FEC hosting fees	Candidate Name	<b>COMPUTER/FEC HOSTING FEES</b>
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Aristotle International, Inc</b>		<b>Transaction ID:</b> 70404.E3796 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 141.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement credit card fee	Candidate Name	<b>CREDIT CARD FEE</b>
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Aristotle International, Inc</b>		<b>Transaction ID:</b> 70326.E3787 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 646.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Fees	Candidate Name	<b>CREDIT CARD FEES</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2377.00</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)

<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Aristotle International, Inc</b>		<b>Transaction ID:</b> 70403.E3795 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 93.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement Credit Card Fees 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) ▼	CREDIT CARD FEES

Full Name (Last, First, Middle Initial) <b>B. Berkley Risk Administrators Co.</b>		<b>Transaction ID:</b> 70108.E3665 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address PO Box 59143		Amount of Each Disbursement this Period 661.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55416-	Purpose of Disbursement Workers Compensation Insurance 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) ▼	WORKERS COMPENSATION INSURANCE

Full Name (Last, First, Middle Initial) <b>C. Burnsville Parkway Partnership</b>		<b>Transaction ID:</b> 70108.E3663 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 101 W. Burnsville Parkway		Amount of Each Disbursement this Period 419.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burnsville State MN Zip Code 55337-	Purpose of Disbursement Office rent 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) ▼	OFFICE RENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1173.78
<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Burnsville Parkway Partnership</b>		<b>Transaction ID: 70312.E3695</b> Date of Disbursement 01 / 26 / 2007
Mailing Address 101 W. Burnsville Parkway		Amount of Each Disbursement this Period 114.55
City Burnsville State MN Zip Code 55337-	Purpose of Disbursement Monthly rent Candidate Name Category/Type 001	
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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>MONTHLY RENT</b>

Full Name (Last, First, Middle Initial) <b>B. Burnsville Parkway Partnership</b>		<b>Transaction ID: 70312.E3756</b> Date of Disbursement 03 / 02 / 2007
Mailing Address 101 W. Burnsville Parkway		Amount of Each Disbursement this Period 423.59
City Burnsville State MN Zip Code 55337-	Purpose of Disbursement Office Rent Candidate Name Category/Type 001	
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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>OFFICE RENT</b>

Full Name (Last, First, Middle Initial) <b>C. Burnsville Parkway Partnership</b>		<b>Transaction ID: 70403.E3791</b> Date of Disbursement 03 / 30 / 2007
Mailing Address 101 W. Burnsville Parkway		Amount of Each Disbursement this Period 437.27
City Burnsville State MN Zip Code 55337-	Purpose of Disbursement April Rent Candidate Name Category/Type 001	
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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>APRIL RENT</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>975.41</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)

<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)  
Kline for Congress

<b>A. Robert Coyel</b> Full Name (Last, First, Middle Initial) Mailing Address 15977 Garden View Dr City Apple Valley State MN Zip Code 55124-7082 Purpose of Disbursement Reimbursement pictures & food 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>Transaction ID: 70312.E3736</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 152.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>REIMBURSEMENT PICTURES &amp; FOOD</b>
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<b>B. Family Celebrations</b> Full Name (Last, First, Middle Initial) Mailing Address 16829 Jackpine Way City Lakeville State MN Zip Code 55044- Purpose of Disbursement Research and analysis of votes 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>Transaction ID: 70115.E3688</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>RESEARCH AND ANALYSIS OF VOTES</b>
---	--	--

<b>C. Gopher Mini Storage</b> Full Name (Last, First, Middle Initial) Mailing Address 10685 165th Street W. City Lakeville State MN Zip Code 55044- Purpose of Disbursement Storage rent 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>Transaction ID: 70115.E3689</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 110.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>STORAGE RENT</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3262.28</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)

<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Gopher Mini Storage</b>		<b>Transaction ID: 70312.E3739</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 10685 165th Street W.		Amount of Each Disbursement this Period 110.00
City Lakeville State MN Zip Code 55044-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Storage rental	Candidate Name	STORAGE RENTAL
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Gopher Mini Storage</b>		<b>Transaction ID: 70326.E3780</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 10685 165th Street W.		Amount of Each Disbursement this Period 110.00
City Lakeville State MN Zip Code 55044-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Storage Rental	Candidate Name	STORAGE RENTAL
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Leticia Harnung</b>		<b>Transaction ID: 70115.E3686</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7
Mailing Address 1117 Atwood Ct		Amount of Each Disbursement this Period 2072.14
City Shakopee State MN Zip Code 55379-2461	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Finance Director Salary	Candidate Name	FINANCE DIRECTOR SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2292.14
<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Leticia Harnung</b>		<b>Transaction ID:</b> 70312.E3698 Date of Disbursement 01 / 31 / 2007
Mailing Address 1117 Atwood Ct		Amount of Each Disbursement this Period 2072.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shakopee State MN Zip Code 55379-2461	Purpose of Disbursement Finance Director Salary Candidate Name Category/Type 001	
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) ▼	FINANCE DIRECTOR SALARY

Full Name (Last, First, Middle Initial) <b>B. Leticia Harnung</b>		<b>Transaction ID:</b> 70312.E3725 Date of Disbursement 02 / 15 / 2007
Mailing Address 1117 Atwood Ct		Amount of Each Disbursement this Period 2072.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shakopee State MN Zip Code 55379-2461	Purpose of Disbursement Finance Director salary Candidate Name Category/Type 001	
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) ▼	FINANCE DIRECTOR SALARY

Full Name (Last, First, Middle Initial) <b>C. Leticia Harnung</b>		<b>Transaction ID:</b> 70312.E3750 Date of Disbursement 02 / 28 / 2007
Mailing Address 1117 Atwood Ct		Amount of Each Disbursement this Period 2072.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shakopee State MN Zip Code 55379-2461	Purpose of Disbursement Finance Director Salary Candidate Name Category/Type 001	
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) ▼	FINANCE DIRECTOR SALARY

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6216.43
<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Leticia Harnung</b>		Transaction ID: 70314.E3773 Date of Disbursement 03 / 15 / 2007	
Mailing Address 1117 Atwood Ct		Amount of Each Disbursement this Period 2501.15	
City Shakopee State MN Zip Code 55379-2461	Purpose of Disbursement Finance Director Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FINANCE DIRECTOR	

Full Name (Last, First, Middle Initial) <b>B. Leticia Harnung</b>		Transaction ID: 70403.E3789 Date of Disbursement 03 / 30 / 2007	
Mailing Address 1117 Atwood Ct		Amount of Each Disbursement this Period 2501.14	
City Shakopee State MN Zip Code 55379-2461	Purpose of Disbursement Finance Director salary Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FINANCE DIRECTOR SALARY	

Full Name (Last, First, Middle Initial) <b>C. Heartland Payment Services</b>		Transaction ID: 70312.E3706 Date of Disbursement 01 / 26 / 2007	
Mailing Address 1437 Youngstown Dr Hwy 62		Amount of Each Disbursement this Period 25.00	
City Jeffersonville State IN Zip Code 47130-	Purpose of Disbursement Credit card fees Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CREDIT CARD FEES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5027.29</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)

<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Heartland Payment Services</b>		Transaction ID: 70312.E3768 Date of Disbursement 01 / 31 / 2007
Mailing Address 1437 Youngstown Dr Hwy 62		Amount of Each Disbursement this Period 68.25
City Jeffersonville State IN Zip Code 47130-	Purpose of Disbursement Credit card fees 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>CREDIT CARD FEES</b>

Full Name (Last, First, Middle Initial) <b>B. Heartland Payment Services</b>		Transaction ID: 70326.E3786 Date of Disbursement 03 / 01 / 2007
Mailing Address 1437 Youngstown Dr Hwy 62		Amount of Each Disbursement this Period 74.23
City Jeffersonville State IN Zip Code 47130-	Purpose of Disbursement Credit card fees 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>CREDIT CARD FEES</b>

Full Name (Last, First, Middle Initial) <b>C. Intuit</b>		Transaction ID: 70312.E3755 Date of Disbursement 02 / 26 / 2007
Mailing Address 300 East Meridian Bldg		Amount of Each Disbursement this Period 111.81
City Milton State WA Zip Code 98354-	Purpose of Disbursement Order of new checks 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>ORDER OF NEW CHECKS</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>254.29</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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Laser Quipt</b>		Transaction ID: 70312.E3728 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7	
Mailing Address 4870 12th Ave E		Amount of Each Disbursement this Period 292.71	
City Shakopee State MN Zip Code 55379-	Purpose of Disbursement Printer cartridges Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		PRINTER CARTRIDGES

Full Name (Last, First, Middle Initial) <b>B. MN Dept of Revenue</b>		Transaction ID: 70115.E3681 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address 600 N Robert St		Amount of Each Disbursement this Period 274.00	
City St. Paul State MN Zip Code 55101-	Purpose of Disbursement Payroll taxes Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		PAYROLL TAXES

Full Name (Last, First, Middle Initial) <b>C. MN Dept of Revenue</b>		Transaction ID: 70312.E3708 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7	
Mailing Address 600 N Robert St		Amount of Each Disbursement this Period 8111.00	
City St. Paul State MN Zip Code 55101-	Purpose of Disbursement Printing and equipment use tax Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		PRINTING AND EQUIPMENT USE TAX

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

8677.71

**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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. MN Dept of Revenue</b>		<b>Transaction ID:</b> 70312.E3714 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 600 N Robert St		Amount of Each Disbursement this Period 294.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Paul State MN Zip Code 55101-	Purpose of Disbursement Payroll taxes 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) ▼	Category/Type 001 <b>PAYROLL TAXES</b>

Full Name (Last, First, Middle Initial) <b>B. MN Dept of Revenue</b>		<b>Transaction ID:</b> 70312.E3761 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 600 N Robert St		Amount of Each Disbursement this Period 294.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Paul State MN Zip Code 55101-	Purpose of Disbursement Payroll taxes 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) ▼	Category/Type 001 <b>PAYROLL TAXES</b>

Full Name (Last, First, Middle Initial) <b>C. Minnesota Unemployment Insurance</b>		<b>Transaction ID:</b> 70312.E3705 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 390 Robert Street N		Amount of Each Disbursement this Period 295.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St Paul State MN Zip Code 55101-1812	Purpose of Disbursement MN unemployment fund-payroll 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) ▼	Category/Type 001 <b>MN UNEMPLOYMENT FUND-PAYROLL</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	883.00
<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Maggie Osskopp</b>		<b>Transaction ID: 70115.E3687</b> Date of Disbursement 01 / 15 / 2007	
Mailing Address 17385 Halifax Path		Amount of Each Disbursement this Period 554.10	
City Lakeville State MN Zip Code 55044-9566	Purpose of Disbursement Part time staff salary Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>PART TIME STAFF SALARY</b>		

Full Name (Last, First, Middle Initial) <b>B. Maggie Osskopp</b>		<b>Transaction ID: 70312.E3699</b> Date of Disbursement 01 / 31 / 2007	
Mailing Address 17385 Halifax Path		Amount of Each Disbursement this Period 554.10	
City Lakeville State MN Zip Code 55044-9566	Purpose of Disbursement Part time staff salary Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>PART TIME STAFF SALARY</b>		

Full Name (Last, First, Middle Initial) <b>C. Maggie Osskopp</b>		<b>Transaction ID: 70312.E3726</b> Date of Disbursement 02 / 15 / 2007	
Mailing Address 17385 Halifax Path		Amount of Each Disbursement this Period 554.10	
City Lakeville State MN Zip Code 55044-9566	Purpose of Disbursement Part time salary Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>PART TIME SALARY</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1662.30
<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Maggie Osskopp</b>		<b>Transaction ID: 70312.E3751</b> Date of Disbursement 02 / 28 / 2007
Mailing Address 17385 Halifax Path		Amount of Each Disbursement this Period 554.10
City Lakeville State MN Zip Code 55044-9566	Purpose of Disbursement Part time salary 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>PART TIME SALARY</b>

Full Name (Last, First, Middle Initial) <b>B. Maggie Osskopp</b>		<b>Transaction ID: 70314.E3774</b> Date of Disbursement 03 / 15 / 2007
Mailing Address 17385 Halifax Path		Amount of Each Disbursement this Period 554.10
City Lakeville State MN Zip Code 55044-9566	Purpose of Disbursement Part time Salary 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>PART TIME SALARY</b>

Full Name (Last, First, Middle Initial) <b>C. Maggie Osskopp</b>		<b>Transaction ID: 70405.E3798</b> Date of Disbursement 03 / 30 / 2007
Mailing Address 17385 Halifax Path		Amount of Each Disbursement this Period 554.10
City Lakeville State MN Zip Code 55044-9566	Purpose of Disbursement Part time salary 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>PART TIME SALARY</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1662.30</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)

<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Pinnacle Direct</b>		Transaction ID: 70312.E3703 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 15260 113th Street North		Amount of Each Disbursement this Period 1304.78
City Stillwater State MN Zip Code 55082-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Direct mail Candidate Name	003 Category/Type	FUNDRAISING DIRECT MAIL
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pinnacle Direct</b>		Transaction ID: 70312.E3740 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 15260 113th Street North		Amount of Each Disbursement this Period 2546.57
City Stillwater State MN Zip Code 55082-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Direct Mail Candidate Name	003 Category/Type	FUNDRAISING DIRECT MAIL
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Postmaster - St. Paul</b>		Transaction ID: 70312.E3741 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 180 Kellogg Boulevard East		Amount of Each Disbursement this Period 39.00
City St Paul State MN Zip Code 55101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office stamps - accounting Candidate Name	001 Category/Type	OFFICE STAMPS - ACCOUNTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3890.35
<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Postmaster - St. Paul</b>		<b>Transaction ID:</b> 70312.E3754 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 180 Kellogg Boulevard East		Amount of Each Disbursement this Period 4.64
City St Paul State MN Zip Code 55101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage for tax return Candidate Name	Category/Type 001	POSTAGE FOR TAX RETURN
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Postmaster - Burnsville</b>		<b>Transaction ID:</b> 70312.E3707 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 13800 Nicollet Blvd.		Amount of Each Disbursement this Period 98.67
City Burnsville State MN Zip Code 55337-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Direct mail bulk mail returned Candidate Name	Category/Type 006	DIRECT MAIL BULK MAIL RETURNED
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Qwest Communications</b>		<b>Transaction ID:</b> 70312.E3696 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 5325 Zuni St., Rm 728		Amount of Each Disbursement this Period 154.30
City Denver State CO Zip Code 80221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Phones Candidate Name	Category/Type 001	OFFICE PHONES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	257.61
<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Qwest Communications</b>		<b>Transaction ID:</b> 70312.E3753 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 5325 Zuni St., Rm 728		Amount of Each Disbursement this Period 37.32
City Denver State CO Zip Code 80221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office phones	Candidate Name	OFFICE PHONES
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ruth Ann Michnay, P.A.</b>		<b>Transaction ID:</b> 70108.E3666 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 7300 Hudson Blvd N		Amount of Each Disbursement this Period 1100.00
City Saint Paul State MN Zip Code 55128-7142	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting/FEC services	Candidate Name	ACCOUNTING/FEC SERVICES
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ruth Ann Michnay, P.A.</b>		<b>Transaction ID:</b> 70115.E3690 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 7300 Hudson Blvd N		Amount of Each Disbursement this Period 162.44
City Saint Paul State MN Zip Code 55128-7142	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement mileage & faxes	Candidate Name	REIMBURSEMENT MILEAGE & FAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1299.76
<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)  
Kline for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Ruth Ann Michnay, P.A.		<b>Transaction ID:</b> 70312.E3700 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 7300 Hudson Blvd N		Amount of Each Disbursement this Period 1100.00	
City Saint Paul State MN Zip Code 55128-7142	Purpose of Disbursement Accounting/FEC/Payroll services Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ACCOUNTNG/FEC/PAYROLL SERVICES	
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) ▼	001 Category/Type	
<b>B.</b> Full Name (Last, First, Middle Initial) Ruth Ann Michnay, P.A.		<b>Transaction ID:</b> 70312.E3752 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 7300 Hudson Blvd N		Amount of Each Disbursement this Period 1100.00	
City Saint Paul State MN Zip Code 55128-7142	Purpose of Disbursement Accounting & FEC services Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ACCOUNTING & FEC SERVICES	
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) ▼	001 Category/Type	
<b>C.</b> Full Name (Last, First, Middle Initial) Ruth Ann Michnay, P.A.		<b>Transaction ID:</b> 70403.E3792 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address 7300 Hudson Blvd N		Amount of Each Disbursement this Period 1100.00	
City Saint Paul State MN Zip Code 55128-7142	Purpose of Disbursement FEC/Accounting Services March Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FEC/ACCOUNTING SERVICES MARCH	
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) ▼	001 Category/Type	

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

**3300.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Townsend Group</b>		Transaction ID: 70312.E3727 Date of Disbursement 02 / 15 / 2007
Mailing Address Ashley Jordan 429 N. Asoph St		Amount of Each Disbursement this Period 2523.98
City Alexandria	State VA	
Zip Code 22314-	Purpose of Disbursement Fundraising See Below	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Federal Express - TN</b>		Transaction ID: 70312.E3731 Date of Disbursement 02 / 15 / 2007
Mailing Address 3965 Airways Module G		Amount of Each Disbursement this Period 18.01
City Memphis	State TN	
Zip Code 38116-	Purpose of Disbursement Fundraising shipping costs	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING SHIPPING COSTS
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Townsend Group</b>		Transaction ID: 70312.E3730 Date of Disbursement 02 / 15 / 2007
Mailing Address Ashley Jordan 429 N. Asoph St		Amount of Each Disbursement this Period 2500.00
City Alexandria	State VA	
Zip Code 22314-	Purpose of Disbursement Fundraising services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING SERVICES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2523.98
<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Townsend Group</b>		Transaction ID: 70312.E3729 Date of Disbursement MM / DD / YYYY 02 / 16 / 2007
Mailing Address Ashley Jordan 429 N. Asoph St		Amount of Each Disbursement this Period 2500.00
City Alexandria	State VA	
Zip Code 22314-	Purpose of Disbursement Fundraising services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING SERVICES</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Townsend Group</b>		Transaction ID: 70312.E3742 Date of Disbursement MM / DD / YYYY 02 / 23 / 2007
Mailing Address Ashley Jordan 429 N. Asoph St		Amount of Each Disbursement this Period 3526.19
City Alexandria	State VA	
Zip Code 22314-	Purpose of Disbursement Fundraising See Below	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING SEE BELOW</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		Transaction ID: 70312.E3747 Date of Disbursement MM / DD / YYYY 02 / 23 / 2007
Mailing Address 300 First St. SE		Amount of Each Disbursement this Period 103.52
City Washington	State DC	
Zip Code 20003-	Purpose of Disbursement Fundraising Planning Meeting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: FUNDRAISING PLANNING MEETING
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6026.19
<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)  
Kline for Congress

<b>A. Line 1 Communications</b> Full Name (Last, First, Middle Initial) Mailing Address 3400 Birchwood Manor City Tallahassee State FL Zip Code 32312- Purpose of Disbursement Fundraising fax services 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) ▼		Transaction ID: 70312.E3745 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 58.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING FAX SERVICES
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<b>B. Townsend Group</b> Full Name (Last, First, Middle Initial) Mailing Address Ashley Jordan 429 N. Asoph St City Alexandria State VA Zip Code 22314- Purpose of Disbursement Fundraising services 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) ▼		Transaction ID: 70312.E3743 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING SERVICES
---	--	--

<b>C. Well Dunn Catering</b> Full Name (Last, First, Middle Initial) Mailing Address 5134 Morse NE City Washington State DC Zip Code 20002- Purpose of Disbursement Fundraising catering expense 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) ▼		Transaction ID: 70312.E3748 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 786.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING CATERING EXPENSE
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<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 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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Townsend Group</b>		<b>Transaction ID:</b> 70326.E3781 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Ashley Jordan 429 N. Asoph St		Amount of Each Disbursement this Period 2789.60
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising See Below Candidate Name	Category/Type 003	FUNDRAISING SEE BELOW
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Treasury</b>		<b>Transaction ID:</b> 70115.E3682 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address 5800 E Bannister Ave		Amount of Each Disbursement this Period 1454.60
City Kansas City State MO Zip Code 64134-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes Candidate Name	Category/Type 001	PAYROLL TAXES
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Treasury</b>		<b>Transaction ID:</b> 70312.E3704 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 5800 E Bannister Ave		Amount of Each Disbursement this Period 229.76
City Kansas City State MO Zip Code 64134-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Federal Unemployment Tax Candidate Name	Category/Type 001	FEDERAL UNEMPLOYMENT TAX
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4473.96
<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. US Treasury</b>		<b>Transaction ID:</b> 70312.E3715 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 5800 E Bannister Ave		Amount of Each Disbursement this Period 1576.34
City Kansas City State MO Zip Code 64134-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes	Category/Type 001	PAYROLL TAXES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. US Treasury</b>		<b>Transaction ID:</b> 70312.E3762 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 5800 E Bannister Ave		Amount of Each Disbursement this Period 1576.36
City Kansas City State MO Zip Code 64134-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	Category/Type 001	PAYROLL TAXES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. VISA</b>		<b>Transaction ID:</b> 70312.E3719 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address PO Box 790408 PO Box 790408		Amount of Each Disbursement this Period 1626.49
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 Credit Card See Below	Category/Type 001	CREDIT CARD SEE BELOW
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4779.19
<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Office Max</b>		Transaction ID: 70312.E3723 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7	
Mailing Address 14121 Aldrich St		Amount of Each Disbursement this Period 37.00	
City Burnsville State MN Zip Code 55337-	Purpose of Disbursement Office supplies-markers calend Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: OFFICE SUPPLIES-MAR-KERS CALEND

Full Name (Last, First, Middle Initial) <b>B. VISA</b>		Transaction ID: 70312.E3769 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7	
Mailing Address PO Box 790408 PO Box 790408		Amount of Each Disbursement this Period 761.04	
City St. Louis State MO Zip Code 63179-0408	Purpose of Disbursement Credit Card See Below Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

CREDIT CARD SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		Transaction ID: 70312.E3770 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7	
Mailing Address 300 First St. SE		Amount of Each Disbursement this Period 84.06	
City Washington State DC Zip Code 20003-	Purpose of Disbursement Fundraising food & room expense Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: FUNDRAISING FOOD & ROOM EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	761.04
<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Transaction ID: 0912200329E989 Date of Disbursement 07 / 17 / 2003
Mailing Address 1615 Cty Rd C		Amount of Each Disbursement this Period 97.28
City Saint Paul State MN Zip Code 55113-	Purpose of Disbursement envelopes 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) ▼	[MEMO ITEM] MEMO: ENVELOPES

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		Transaction ID: 0912200329E988 Date of Disbursement 07 / 16 / 2003
Mailing Address 14121 Aldrich St		Amount of Each Disbursement this Period 57.77
City Burnsville State MN Zip Code 55337-	Purpose of Disbursement paper 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) ▼	[MEMO ITEM] MEMO: PAPER

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		Transaction ID: 70312.E3771 Date of Disbursement 03 / 07 / 2007
Mailing Address 14121 Aldrich St		Amount of Each Disbursement this Period 286.98
City Burnsville State MN Zip Code 55337-	Purpose of Disbursement Office toner and paper 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) ▼	[MEMO ITEM] MEMO: OFFICE TONER AND PA- PER

<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 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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Postmaster - Burnsville

Mailing Address 13800 Nicollet Blvd.

City Burnsville State MN Zip Code 55337-

Purpose of Disbursement Fundraising postage

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70312.E3772

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	3		0	7		2	0	0	7

Amount of Each Disbursement this Period

390.00
--------

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

**[MEMO ITEM]**

MEMO: FUNDRAISING POSTAGE

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

0.00
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**TOTAL** This Period (last page this line number only) ..... ►

61776.01
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**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 72 / 72

<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)  
Kline for Congress

Full Name (Last, First, Middle Initial) <b>A. Kennedy for Senate</b>		<b>Transaction ID:</b> 70403.E3794 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 2269 50th St		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Somerset State WI Zip Code 54025-	Credit card contribution-candid	
Purpose of Disbursement Credit card contribution-candid		Category/ Type 011
Candidate Name MARK RAYMOND KENNEDY		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Commit</b>		<b>Transaction ID:</b> 70312.E3694 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 320 First St. SE		Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Category/ Type 011	
Purpose of Disbursement Contribution Debt Retirement Pr		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

26000.00

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

26000.00