

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

Tim Walz for US Congress

ADDRESS (number and street) P.O. Box 938

Check if different than previously reported. (ACC)

Mankato MN 56002

2. **FEC IDENTIFICATION NUMBER** C00409409

CITY STATE ZIP CODE STATE DISTRICT

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

MN 01

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 2009 through 03 31 2009

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 Gerald Maschka

Signature of Treasurer Electronically Filed by Gerald Maschka Date 04 15 2009

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

Tim Walz for US Congress

Report Covering the Period: From:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 157181.08 | 168038.10 |
| (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))..... | 157181.08 | 168038.10 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 75517.19 | 151008.17 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 189.76 | 189.76 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 75327.43 | 150818.41 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 111306.81 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 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 12/2003)

Write or Type Committee Name
Tim Walz for US Congress

Report Covering the Period: From:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

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).....

70150.00

71035.00

(ii) Unitemized.....

20650.00

21922.02

(iii) TOTAL of contributions

90800.00

92957.02

from individuals..... ▶

16.52

16.52

(b) Political Party Committees.....

66364.56

75064.56

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

157181.08

168038.10

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

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

0.00

19.33

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.).....

189.76

189.76

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

0.00

0.00

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

157370.84

168247.19

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 75517.19 | 151008.17 |
| 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..... | 1075.00 | 1775.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 76592.19 | 152783.17 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 30528.16 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 157370.84 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 187899.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 76592.19 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 111306.81 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 / 90 |
| | <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)
Tim Walz for US Congress

| | | | |
|---|---|-----------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Mary E Barrett | | Date of Receipt |
| | Mailing Address 112 Center St | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 23 / 2009 |
| | City | State | Zip Code |
| | Mankato | MN | 56001-3862 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C4337941 |
| Name of Employer N/A | | Occupation Retired | Amount of Each Receipt this Period |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|-----------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Sandra Beito | | Date of Receipt |
| | Mailing Address 900 1st Ave S | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 02 / 20 / 2009 |
| | City | State | Zip Code |
| | Sleepy Eye | MN | 56085 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C4330321 |
| Name of Employer Mark Thomas Co. | | Occupation Owner | Amount of Each Receipt this Period |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|-------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) David A. Bjork | | Date of Receipt |
| | Mailing Address 4520 Eastwood Rd | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 02 / 09 / 2009 |
| | City | State | Zip Code |
| | Minnetonka | MN | 55345-2411 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C4326336 |
| Name of Employer Clark Consulting | | Occupation Healthcare Management | Amount of Each Receipt this Period |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 750.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 90 |
| | <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)
Tim Walz for US Congress

| | | | |
|---|--|----------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Gregory H Brown | | Date of Receipt MM / DD / YYYY 02 / 20 / 2009 |
| | Mailing Address 155 W Point Ct | | Transaction ID: C4330226 |
| | City Excelsior | State MN | Zip Code 55331 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Park Nicollet Health Systems | | Occupation Orthopedic Surgeon | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <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) Terrance Carlson | | Date of Receipt MM / DD / YYYY 02 / 20 / 2009 |
| | Mailing Address 1821 Logan Ave S | | Transaction ID: C4330268 |
| | City Minneapolis | State MN | Zip Code 55403-2845 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Medtronic | | Occupation Senior Vice-President | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <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) Carol C Carryer | | Date of Receipt MM / DD / YYYY 03 / 25 / 2009 |
| | Mailing Address 917 Paxton Road SW | | Transaction ID: C4339623 |
| | City Rochester | State MN | Zip Code 55902 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self | | Occupation Consultant | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | | |

| | | |
|--|---|---------|
| 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 90

(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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
John Cowles, Jr

Mailing Address 700 S 2nd St
Apt 91

City State Zip Code
Minneapolis MN 55401-2269

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 12 / 2009

Transaction ID: C4336042

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Sage Fuller Cowles

Mailing Address 700 S 2nd St
Apt 91

City State Zip Code
Minneapolis MN 55401-2269

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 12 / 2009

Transaction ID: C4336041

Amount of Each Receipt this Period 1000.00

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

C.

Full Name (Last, First, Middle Initial)
Frances J. Davis

Mailing Address 1512 Douglas Ave

City State Zip Code
Minneapolis MN 55403

FEC ID number of contributing federal political committee. C

Name of Employer Coldwell Banker Burnett Occupation Sales Manager

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 27 / 2009

Transaction ID: C4340803

Amount of Each Receipt this Period 1000.00

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)
for each category of the
Detailed Summary Page

| | |
|---|------------------------------|
| FOR LINE NUMBER: | PAGE 8 / 90 |
| (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)
Tim Walz for US Congress

| | | | |
|---|---|------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Mark B. Dayton | | Date of Receipt |
| | Mailing Address 2751 Hennepin Ave #258 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 9 / 2 0 0 9 |
| | City | State | Zip Code |
| | Minneapolis | MN | 55403 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C4326328 |
| Name of Employer Self-employed | | Occupation Investor | Amount of Each Receipt this Period |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 2400.00 |
| | | <input type="text"/> 4800.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Mark B. Dayton | | Date of Receipt |
| | Mailing Address 2751 Hennepin Ave #258 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 9 / 2 0 0 9 |
| | City | State | Zip Code |
| | Minneapolis | MN | 55403 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C4326329 |
| Name of Employer Self-employed | | Occupation Investor | Amount of Each Receipt this Period |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 2400.00 |
| | | <input type="text"/> 4800.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) James Deal | | Date of Receipt |
| | Mailing Address PO Box 159 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 9 / 2 0 0 9 |
| | City | State | Zip Code |
| | Anoka | MN | 55303-0159 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C4324396 |
| Name of Employer National Agriculture Underwriters Comp | | Occupation Chairman | Amount of Each Receipt this Period |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 2400.00 |
| | | <input type="text"/> 4800.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 7200.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 90 |
| | <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)
Tim Walz for US Congress

| | | | |
|---|---|------------------------|---|
| A. | Full Name (Last, First, Middle Initial) James Deal | | Date of Receipt MM / DD / YYYY 01 / 29 / 2009 |
| | Mailing Address PO Box 159 | | Transaction ID: C4324395 |
| | City Anoka | State MN | Zip Code 55303-0159 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2400.00 |
| | Name of Employer National Agriculture Underwriters Comp | Occupation Chairman | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4800.00 | | |

| | | | |
|---|---|---------------------|---|
| B. | Full Name (Last, First, Middle Initial) Pam Deal | | Date of Receipt MM / DD / YYYY 01 / 29 / 2009 |
| | Mailing Address PO Box 159 | | Transaction ID: C4324398 |
| | City Anoka | State MN | Zip Code 55303-0159 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2400.00 |
| | Name of Employer N A U Company | Occupation Chair | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4800.00 | | |

| | | | |
|---|---|---------------------|---|
| C. | Full Name (Last, First, Middle Initial) Pam Deal | | Date of Receipt MM / DD / YYYY 01 / 29 / 2009 |
| | Mailing Address PO Box 159 | | Transaction ID: C4324397 |
| | City Anoka | State MN | Zip Code 55303-0159 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2400.00 |
| | Name of Employer N A U Company | Occupation Chair | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4800.00 | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 7200.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 90 |
| | <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)
Tim Walz for US Congress

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) James Dolan | Date of Receipt MM / DD / YYYY 02 / 02 / 2009 |
| | Mailing Address 222 Ninth Street South Suite 2300 | Transaction ID: C4325008 |
| | City State Zip Code Minneapolis MN 55402 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Dolan Media Company Occupation CEO Receipt For: 2010 <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) Kelly J. Doran | Date of Receipt MM / DD / YYYY 02 / 20 / 2009 |
| | Mailing Address 11527 Welters Way | Transaction ID: C4330303 |
| | City State Zip Code Eden Prairie MN 55347-2847 | Amount of Each Receipt this Period 2400.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Doran Companies Occupation President Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2400.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Matthew K. Entenza | Date of Receipt MM / DD / YYYY 03 / 23 / 2009 |
| | Mailing Address 1647 Portland Ave | Transaction ID: C4337933 |
| | City State Zip Code Saint Paul MN 55104-6838 | Amount of Each Receipt this Period 2400.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Minnesota 20/20 Occupation Executive Director Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2400.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 5800.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 90
(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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Myron Frans

Mailing Address 1704 Humboldt Ave S

City State Zip Code
Minneapolis MN 55403-2809

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

Name of Employer Occupation
Faegre & Benson Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C4330281

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Martha Gabbert

Mailing Address 312 Ferndale Rd W

City State Zip Code
Wayzata MN 55391-1511

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

Name of Employer Occupation
Self-Employed Real estate Investments

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C4330218

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Suzanne G Greenleaf

Mailing Address 1068 Plummer Ln SW

City State Zip Code
Rochester MN 55902-2084

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

Name of Employer Occupation
Tanangreen Properties Owner/ Manager

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: C4344397

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
Vicki J. Groff

Mailing Address 11337 Louisiana Cir

City State Zip Code
Bloomington MN 55438-2827

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

Name of Employer: Tealwood Care Centers, Inc.
Occupation: President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt: MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C4330223

Amount of Each Receipt this Period: 1250.00

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

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

Mailing Address 213 9th Ave NE

City State Zip Code
Waseca MN 56093-2843

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

Name of Employer: N/A
Occupation: Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt: MM / DD / YYYY
03 / 09 / 2009

Transaction ID: C4336000

Amount of Each Receipt this Period: 100.00

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

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

Mailing Address 213 9th Ave NE

City State Zip Code
Waseca MN 56093-2843

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

Name of Employer: N/A
Occupation: Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt: MM / DD / YYYY
03 / 30 / 2009

Transaction ID: C4344052

Amount of Each Receipt this Period: 250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
Steve Harl

Mailing Address 14301 Spring Lake Rd

City State Zip Code
Minnetonka MN 55346

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

Name of Employer: Tealwood Care Centers, Inc. Occupation: Nursing Home Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 20 / 2009

Transaction ID: C4330225

Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Richard S. Kahn

Mailing Address 2895 Ella Lane

City State Zip Code
Minnetonka MN 55305

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

Name of Employer: NAHA Occupation: Affordable Housing

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 20 / 2009

Transaction ID: C4329919

Amount of Each Receipt this Period: 250.00

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

C. Full Name (Last, First, Middle Initial)
Carolyn L Kanyusik

Mailing Address 201 Indian Hill Road

City State Zip Code
Mankato MN 56001

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

Name of Employer: N/A Occupation: Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 03 / 31 / 2009

Transaction ID: C4344396

Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
Samuel L Kaplan
Mailing Address 510 River St
City Minneapolis State MN Zip Code 55401-2542
FEC ID number of contributing federal political committee. **C**
Name of Employer Kaplan Strangis and Kaplan, P.A. Occupation Attorney
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Sylvia Kaplan
Mailing Address 510 River St
City Minneapolis State MN Zip Code 55401-2542
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Restaurant Owner
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Garrison Keillor
Mailing Address 294 Summit
City St. Paul State MN Zip Code 55102
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Writer
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
Garry Kievies

Mailing Address 5020 Woodhurst Lane

City State Zip Code
Minnetonka MN 55345

FEC ID number of contributing federal political committee. C

Name of Employer Northstar Balloons Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt M M / D D / Y Y Y Y
02 / 09 / 2009

Transaction ID: C4326330

Amount of Each Receipt this Period 2400.00

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

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

Mailing Address 5020 Woodhurst Ln

City State Zip Code
Minnetonka MN 55345-4644

FEC ID number of contributing federal political committee. C

Name of Employer Performance Office Papers Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt M M / D D / Y Y Y Y
02 / 09 / 2009

Transaction ID: C4326331

Amount of Each Receipt this Period 2400.00

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

C. Full Name (Last, First, Middle Initial)
Elizabeth L Kipp

Mailing Address 208 Essex Road

City State Zip Code
Mankato MN 56001

FEC ID number of contributing federal political committee. C

Name of Employer 1st Presbyterian Church Occupation Treasurer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
02 / 13 / 2009

Transaction ID: C4327611

Amount of Each Receipt this Period 50.00

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

SUBTOTAL of Receipts This Page (optional) 4850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 90
(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 |
| | | | | | | | 15 |

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Elizabeth L Kipp

Mailing Address 208 Essex Road

City Mankato State MN Zip Code 56001

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

Name of Employer 1st Presbyterian Church Occupation Treasurer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2009

Transaction ID: C4340764

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Lynne Eaton Kirklin

Mailing Address 1865 Tiffany Cove Lane SW

City Rochester State MN Zip Code 55902

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

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 03 / 18 / 2009

Transaction ID: C4335734

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Lynne Eaton Kirklin

Mailing Address 1865 Tiffany Cove Lane SW

City Rochester State MN Zip Code 55902

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

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 03 / 27 / 2009

Transaction ID: C4340645

Amount of Each Receipt this Period 500.00

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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 90 |
| | <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)
Tim Walz for US Congress

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) John P Klaber | Date of Receipt MM / DD / YYYY 03 / 18 / 2009 |
| | Mailing Address 2037 Roe Crest Dr | Transaction ID: C4336200 |
| | City State Zip Code North Mankato MN 56003-3430 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Mankato Area Public Schools | Occupation Educator | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Kenneth J Klein | Date of Receipt MM / DD / YYYY 03 / 31 / 2009 |
| | Mailing Address 10315 Folk St | Transaction ID: C4345289 |
| | City State Zip Code Silver Spring MD 20902 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Outdoor Advertising Association of Ame | Occupation Executive | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Thomas Knabel | Date of Receipt MM / DD / YYYY 02 / 20 / 2009 |
| | Mailing Address 1605 Northrop Lane | Transaction ID: C4330276 |
| | City State Zip Code Minneapolis MN 55403 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer UnitedHealth Group | Occupation Physician | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 90
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Barbara Ann Koenig

Mailing Address 4141 Galena Ln SW

City State Zip Code
Rochester MN 55902-4400

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

Name of Employer Occupation
Mayo Clinic Educator

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C4330163

Amount of Each Receipt this Period
50.00

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

B.

Full Name (Last, First, Middle Initial)
Barbara Ann Koenig

Mailing Address 4141 Galena Ln SW

City State Zip Code
Rochester MN 55902-4400

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

Name of Employer Occupation
Mayo Clinic Educator

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: C4336037

Amount of Each Receipt this Period
200.00

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

C.

Full Name (Last, First, Middle Initial)
Don H Kratsch

Mailing Address 1388 Summit Circle

City State Zip Code
West Saint Paul MN 55118

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

Name of Employer Occupation
N/A Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2009

Transaction ID: C4326335

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 90 |
| | <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)
Tim Walz for US Congress

| | | | |
|---|--|------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Susan P Lampe | | Date of Receipt |
| | Mailing Address 1230 E Main St | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 23 / 2009 |
| | City | State | Zip Code |
| | Mankato | MN | 56001-5066 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: C4337957 |
| | | Amount of Each Receipt this Period | <input type="text"/> 250.00 |
| Name of Employer MSU | | Occupation Professor | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 | | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="text"/> 250.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) James Lenfestey | | Date of Receipt |
| | Mailing Address 1833 Girard Ave. So. | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 20 / 2009 |
| | City | State | Zip Code |
| | Minneapolis | MN | 55403 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: C4329918 |
| | | Amount of Each Receipt this Period | <input type="text"/> 250.00 |
| Name of Employer Turning 40 Productions | | Occupation Writer | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 | | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="text"/> 250.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Daniel A Levin | | Date of Receipt |
| | Mailing Address 23 Pleasant View Trail | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 23 / 2009 |
| | City | State | Zip Code |
| | North Mankato | MN | 56003 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: C4337963 |
| | | Amount of Each Receipt this Period | <input type="text"/> 500.00 |
| Name of Employer MN State U Mankato | | Occupation Business Law Professor | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 | | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="text"/> 500.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1000.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 90
(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 |
| | | | | | | | 15 |

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Mark F Liebow

Mailing Address 1018 Hickory Ln SW

City State Zip Code
Rochester MN 55902-3410

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

Name of Employer Mayo Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2009

Transaction ID: C4340763

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Leland T. Lynch

Mailing Address 34 Park Ln

City State Zip Code
Minneapolis MN 55416-4340

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

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 20 / 2009

Transaction ID: C4330279

Amount of Each Receipt this Period
1200.00

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

C.

Full Name (Last, First, Middle Initial)
R. Peter Madel

Mailing Address 108 8th St. NW

City State Zip Code
Waseca MN 56093-1912

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

Name of Employer Lake Shore Inn Nursing Home Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 09 / 2009

Transaction ID: C4326340

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1950.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 90
(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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Gerald L Maschka

Mailing Address 417 Diamond Creek Rd

City Mankato State MN Zip Code 56001-6355

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

Name of Employer Maschka, Riedy & Ries, P.-L.L.P. Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2009

Transaction ID: C4344049

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Brian Patrick McGlinch, M.D.

Mailing Address 1832 22 Ave. N.E.

City Rochester State MN Zip Code 55906

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

Name of Employer Mayo Clinic Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2009

Transaction ID: C4338877

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
John L. Morgan

Mailing Address 4716 W Lake Harriet Pkwy

City Minneapolis State MN Zip Code 55410

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

Name of Employer Winmark Corp Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 02 / 05 / 2009

Transaction ID: C4326124

Amount of Each Receipt this Period 2400.00

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

SUBTOTAL of Receipts This Page (optional) ► 2900.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
Marcia A Nagel
Mailing Address 105 Royal Rd
City Mankato State MN Zip Code 56001-8240
FEC ID number of contributing federal political committee. **C**
Name of Employer ISD 77 Occupation Counselor
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00
Date of Receipt 03 / 27 / 2009
Transaction ID: C4340774
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charles Nystrom
Mailing Address 9952 94th Avenue North
City Maple Grove State MN Zip Code 55369
FEC ID number of contributing federal political committee. **C**
Name of Employer Midwest Stone Management Occupation CEO
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 02 / 09 / 2009
Transaction ID: C4326327
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Daniel A. O'Fallon
Mailing Address 815 Country Lakes Dr
City Circle Pines State MN Zip Code 55014-5489
FEC ID number of contributing federal political committee. **C**
Name of Employer Robins, Kaplan, Miller & Ciresi, LLP Occupation Attorney
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00
Date of Receipt 02 / 20 / 2009
Transaction ID: C4330277
Amount of Each Receipt this Period 250.00
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
Floyd D. Palmer
Mailing Address 213 woodhill Ct.
City Mankato State MN Zip Code 56001
FEC ID number of contributing federal political committee. **C**
Name of Employer Palmer Bus Services Occupation Owner
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 03 / 24 / 2009
Transaction ID: C4338956
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Tami Paulsen
Mailing Address 224 Mayan Way
City Mankato State MN Zip Code 56001
FEC ID number of contributing federal political committee. **C**
Name of Employer Paulsen Architecture Occupation Marketing
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 03 / 23 / 2009
Transaction ID: C4337943
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bret T Petersen
Mailing Address 910 23rd Avenue S. W.
City Rochester State MN Zip Code 55902
FEC ID number of contributing federal political committee. **C**
Name of Employer Mayo Clinic Occupation Physician
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 01 / 29 / 2009
Transaction ID: C4324346
Amount of Each Receipt this Period 250.00
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 90
(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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Milo S. Pinkerton

Mailing Address 2362 Meeting Pl

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
MSP Real Estate Real Estate Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: C4332802

Amount of Each Receipt this Period
500.00

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

B.

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

Mailing Address 7759 Shaughnessy Rd

City State Zip Code
Edina MN 55439

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

Name of Employer Occupation
University of Minnesota Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: C4327326

Amount of Each Receipt this Period
500.00

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

C.

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

Mailing Address 45 S 7th St
Ste 3300

City State Zip Code
Minneapolis MN 55402-1650

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

Name of Employer Occupation
Oppenheimer Wolff & Donnelly Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: C4337925

Amount of Each Receipt this Period
2400.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 90 |
| | <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)
Tim Walz for US Congress

| | | | |
|--|---|--------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Rebecca Rae Rand | | Date of Receipt |
| | Mailing Address 2401 Meeting St | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 2 / 1 1 / 2 0 0 9 |
| | City | State | Zip Code |
| | Wayzata | MN | 55391 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C4326820 |
| Name of Employer N/A | | Occupation Homemaker | Amount of Each Receipt this Period |
| Receipt For: 2010 | | Election Cycle-to-Date ▼ | <input type="text"/> 1000.00 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | |
| <input type="checkbox"/> Other (specify) ▼ | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|---|--------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Maura Therese Randall | | Date of Receipt |
| | Mailing Address 2233 West Dream Drive | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 3 / 1 2 / 2 0 0 9 |
| | City | State | Zip Code |
| | North Mankato | MN | 56003 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C4334134 |
| Name of Employer N/A | | Occupation Retired | Amount of Each Receipt this Period |
| Receipt For: 2010 | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | |
| <input type="checkbox"/> Other (specify) ▼ | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|---|--------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Gary K Rockswold | | Date of Receipt |
| | Mailing Address 207 Essex Road | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 3 / 2 7 / 2 0 0 9 |
| | City | State | Zip Code |
| | Mankato | MN | 56001 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C4340783 |
| Name of Employer MSU, Mankato | | Occupation Professor | Amount of Each Receipt this Period |
| Receipt For: 2010 | | Election Cycle-to-Date ▼ | <input type="text"/> 250.00 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | |
| <input type="checkbox"/> Other (specify) ▼ | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1750.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Terry Saario, Ph.D</p> <p>Mailing Address 34 Park Ln</p> <p>City State Zip Code Minneapolis MN 55416-4340</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1200.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9</p> <p>Transaction ID: C4330270</p> <p>Amount of Each Receipt this Period 1200.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) Leslie Sandberg</p> <p>Mailing Address 607 Maple Park Dr</p> <p>City State Zip Code St. Paul MN 55118</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Media Consultant</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9</p> <p>Transaction ID: C4330286</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|--|--|
| <p>C. Full Name (Last, First, Middle Initial) Lynn Carlson Schell</p> <p>Mailing Address 4929 Dale Dr</p> <p>City State Zip Code Edina MN 55424-1177</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Shelter Corp. Occupation Real Estate</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9</p> <p>Transaction ID: C4330222</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 1950.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
James G Scoville

Mailing Address 2093 Jefferson Ave

City State Zip Code
Saint Paul MN 55105

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

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 7 / 2 0 0 9

Transaction ID: C4340941

Amount of Each Receipt this Period
2400.00

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

B. Full Name (Last, First, Middle Initial)
Lori A Sellner

Mailing Address 420 3rd Ave NE

City State Zip Code
Sleepy Eye MN 56085

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

Name of Employer Norwood Publishing Occupation Job Planner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 5 / 2 0 0 9

Transaction ID: C4327856

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Lori A Sellner

Mailing Address 420 3rd Ave NE

City State Zip Code
Sleepy Eye MN 56085

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

Name of Employer Norwood Publishing Occupation Job Planner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

Transaction ID: C4341929

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 90

(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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Charles Sheridan

Mailing Address 20 St Marks Bay

City State Zip Code
Faribault MN 55021

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-employed Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C4330229

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Evelyn J Solo

Mailing Address 726 Grant Avenue

City State Zip Code
North Mankato MN 56003

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
N/A Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
03 / 12 / 2009

Transaction ID: C4334150

Amount of Each Receipt this Period 500.00

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

C.

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

Mailing Address 70 Telemark Dr

City State Zip Code
Mankato MN 56001-4100

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
N/A Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 30 / 2009

Transaction ID: C4344055

Amount of Each Receipt this Period 250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 90
(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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Sylvester Sterioff

Mailing Address 1151 Taro Ln SW

City State Zip Code
Rochester MN 55902-1345

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

Name of Employer Occupation
Mayo Clinic Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: C4344398

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Cecelia J Szurszewski

Mailing Address 822 9th Ave SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: C4337955

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
Maureen Tanis

Mailing Address 922 S 4th St

City State Zip Code
Saint Peter MN 56082-1423

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

Name of Employer Occupation
Crow River Special Ed Co-op Clinical Social Worker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: C4344021

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

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

Mailing Address 301 Lakeshore Dr

City State Zip Code
Stewartville MN 55976

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

Name of Employer Occupation
N/A Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C4329947

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 2072 Highwood Ave

City State Zip Code
Saint Paul MN 55119

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

Name of Employer Occupation
Tealwood Care Centers Controller

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C4330227

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 33 S. Deep Lake Road

City State Zip Code
North Oaks MN 55127

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

Name of Employer Occupation
Robins, Kaplan, Miller & Ciresi, L.L.P. Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: C4337907

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
R. Jack Walser

Mailing Address 834 16th Street

City State Zip Code
Barron WI 54812

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

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 7 / 2 0 0 9

Transaction ID: C4323108

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
R. Jack Walser

Mailing Address 834 16th Street

City State Zip Code
Barron WI 54812

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

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 7 / 2 0 0 9

Transaction ID: C4323110

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
R. Jack Walser

Mailing Address 834 16th Street

City State Zip Code
Barron WI 54812

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

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 7 / 2 0 0 9

Transaction ID: C4323109

Amount of Each Receipt this Period
2300.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 90
(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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
R. Jack Walser

Mailing Address 834 16th Street

City State Zip Code
Barron WI 54812

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

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: C4324344

Amount of Each Receipt this Period
100.00

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

B.

Full Name (Last, First, Middle Initial)
Darrell D. Weaver

Mailing Address 725 4th Avenue, NW

City State Zip Code
Plainview MN 55964

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

Name of Employer ABA Water Systems, Inc. Occupation Officer/Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: C4343280

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Rochelle Wegman

Mailing Address 153 Fairway Dr

City State Zip Code
Mankato MN 56001-3139

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

Name of Employer NA Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C4344033

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 90 |
| | <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)
Tim Walz for US Congress

| | | | |
|---|---|------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Jay Weir | | Date of Receipt MM / DD / YYYY 03 / 30 / 2009 |
| | Mailing Address 2041 Sundance Ln | | Transaction ID: C4344057 |
| | City Mankato | State MN | Zip Code 56001 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Weir Insurance | Occupation Manager | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 500.00 | |

| | | | |
|---|---|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Patrick Wenning | | Date of Receipt MM / DD / YYYY 01 / 16 / 2009 |
| | Mailing Address 5267 Bartlett Blvd | | Transaction ID: C4320831 |
| | City Mound | State MN | Zip Code 55364 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer Alta Technologies | Occupation IBM Sales | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1250.00 | |

| | | | |
|---|---|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Patrick Wenning | | Date of Receipt MM / DD / YYYY 02 / 20 / 2009 |
| | Mailing Address 5267 Bartlett Blvd | | Transaction ID: C4330285 |
| | City Mound | State MN | Zip Code 55364 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Alta Technologies | Occupation IBM Sales | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1250.00 | |

| | | |
|--|---|---------|
| 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 34 / 90 | |
| | (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 |

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)
Tim Walz for US Congress

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Dobson West | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1789 James Avenue South | | <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>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 3 | 0 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 1 | | 3 | 0 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | City State Zip Code Minneapolis MN 55403 | | Transaction ID: C4324725 | | | | | | | | | | | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Spell Capital Partners, LLC | | Occupation Private Equity | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1000.00 | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> 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) | ▶ | 70150.00 |

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

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

FOR LINE NUMBER: PAGE 35 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 16.52

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 3 1 / 2 0 0 9

Transaction ID: C4327870

Amount of Each Receipt this Period
8.08

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

* In-Kind: Telephone/Copying

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 16.52

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Transaction ID: C4347159

Amount of Each Receipt this Period
8.44

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

* In-Kind: Copies, Telephone

SUBTOTAL of Receipts This Page (optional) ► **16.52**

TOTAL This Period (last page this line number only) ► **16.52**

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

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

FOR LINE NUMBER: PAGE 36 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL A
Mailing Address 421 Aviation Way
City State Zip Code
Frederick MD 21701-4756
FEC ID number of contributing federal political committee. **C** C00131185
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 03 / 17 / 2009
Transaction ID: C4337929
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION
Mailing Address 1050 31st St NW
City State Zip Code
Washington DC 20007-4405
FEC ID number of contributing federal political committee. **C** C00024521
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 03 / 31 / 2009
Transaction ID: C4345292
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL AC
Mailing Address ONE MASSACHUSETTS AVE NW SUITE 800
City State Zip Code
WASHINGTON DC 20001
FEC ID number of contributing federal political committee. **C** C00172833
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 03 / 31 / 2009
Transaction ID: C4345293
Amount of Each Receipt this Period: 1000.00
 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
American Bankers Association
 Mailing Address 1120 Connecticut Ave NW #600
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00004275
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 2500.00
 Date of Receipt 03 / 31 / 2009
Transaction ID: C4345296
 Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION CO
 Mailing Address 101 NORTH THIRD STREET
 City MOORHEAD State MN Zip Code 56560
 FEC ID number of contributing federal political committee. **C** C00110338
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 10000.00
 Date of Receipt 03 / 31 / 2009
Transaction ID: C4345604
 Amount of Each Receipt this Period 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION CO
 Mailing Address 101 NORTH THIRD STREET
 City MOORHEAD State MN Zip Code 56560
 FEC ID number of contributing federal political committee. **C** C00110338
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 10000.00
 Date of Receipt 03 / 31 / 2009
Transaction ID: C4345605
 Amount of Each Receipt this Period 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 12500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 38 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
American Society of Anesthesiologists PAC
 Mailing Address 520 N. NORTHWEST HIGHWAY
 City State Zip Code
 PARK RIDGE IL 60068
 FEC ID number of contributing federal political committee. **C** C00255752
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 30 / 2009
Transaction ID: C4344018
 Amount of Each Receipt this Period
 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Carpenter's Legislative Improvement
 Mailing Address 101 Constitution Ave NW 10FI.
 City State Zip Code
 Washington DC 20001
 FEC ID number of contributing federal political committee. **C** C00001016
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 20 / 2009
Transaction ID: C4330219
 Amount of Each Receipt this Period
 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DRIVE Committee Political Fund
 Mailing Address 25 Louisiana Avenue NW
 City State Zip Code
 Washington DC 20001
 FEC ID number of contributing federal political committee. **C** C00032979
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2009
Transaction ID: C4340792
 Amount of Each Receipt this Period
 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 11500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 90

(check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F St NW
Ste 900

City State Zip Code
Washington DC 20001-1530

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3614.56

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2009

Transaction ID: C4337930

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F St NW
Ste 900

City State Zip Code
Washington DC 20001-1530

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3614.56

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2009

Transaction ID: C4344019

Amount of Each Receipt this Period

1614.56

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

C.

Full Name (Last, First, Middle Initial)
Friends of Rahm Emanuel

Mailing Address PO Box 101124

City State Zip Code
Chicago IL 60610-8902

FEC ID number of contributing federal political committee. **C** C00368829

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 09 / 2009

Transaction ID: C4326341

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

4614.56

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

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

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

FOR LINE NUMBER: PAGE 40 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS CO

Mailing Address 900 7th St NW

City Washington State DC Zip Code 20001-3720

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 03 / 24 / 2009
Transaction ID: C4338957
 Amount of Each Receipt this Period 5000.00

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

B. Full Name (Last, First, Middle Initial)
International Union of Operating En

Mailing Address Engineers Political Education Comm
1125 Seventeenth St, NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 03 / 31 / 2009
Transaction ID: C4345295
 Amount of Each Receipt this Period 5000.00

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

C. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers

Mailing Address 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: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2009
Transaction ID: C4345294
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 Daingerfield Road

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C4337934

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
National Council of Farmer Cooperatives Co-op PAC

Mailing Address 50 F Street NW, SUITE 900

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00002238

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Transaction ID: C4345297

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
National Milk Producers Federation - PAC

Mailing Address 2101 Wilson Blvd Ste 400

City State Zip Code
Arlington VA 22201-3062

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

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

Transaction ID: C4338958

Amount of Each Receipt this Period
750.00

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

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
National Pest Control Association PAC

Mailing Address 9300 Lee Highway
Ste. 301

City State Zip Code
Fairfax VA 22031

FEC ID number of contributing federal political committee. **C** C00083915

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 9 | / | 2 | 0 | 0 | 9 |

Transaction ID: C4324399

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
NATIONAL PORK PRODUCERS COUNCIL PORK PAC

Mailing Address PO Box 10383
PO BOX 10383/1776

City State Zip Code
Des Moines IA 50306-0383

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: C4338959

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Robins, Kaplan PAC

Mailing Address 1801 K St NW
Ste 1200

City State Zip Code
Washington DC 20006-1307

FEC ID number of contributing federal political committee. **C** C00275909

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 9 |

Transaction ID: C4330300

Amount of Each Receipt this Period
2000.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICA
Mailing Address P O BOX 500

City State Zip Code
RENVILLE MN 56284

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: C4326342

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICA
Mailing Address P O BOX 500

City State Zip Code
RENVILLE MN 56284

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Transaction ID: C4347250

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
SYNGENTA CORPORATION EMPLOYEE POLITICAL ACTION CO
Mailing Address 1399 NEW YORK AVENUE NW
SUITE 750

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00363945

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Transaction ID: C4345291

Amount of Each Receipt this Period
1000.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS CO

Mailing Address 80 W End Ave

City State Zip Code
New York NY 10023-6301

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009

Transaction ID: C4347251

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL

Mailing Address 888 16th St NW Ste 650

City State Zip Code
Washington DC 20006-4103

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009

Transaction ID: C4345287

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
U.A. Political Education Committee

Mailing Address 901 Massachusetts Ave NW

City State Zip Code
Washington DC 20001-4307

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009

Transaction ID: C4346532

Amount of Each Receipt this Period
2500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
UNITED EGG ASSOCIATION EGGPAC

Mailing Address 1720 Windward Concourse
Suite 230

City State Zip Code
Alpharetta GA 30005

FEC ID number of contributing federal political committee. **C** C00172841

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009

Transaction ID: C4345288

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
UNITED TRANSPORTATION UNION POLITICAL ACTION COMMI

Mailing Address 14600 Detroit Ave

City State Zip Code
Cleveland OH 44107-4207

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009

Transaction ID: C4345290

Amount of Each Receipt this Period
5000.00

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

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

Mailing Address 90 PARK AVENUE
17TH FLOOR

City State Zip Code
NEW YORK NY 10016

FEC ID number of contributing federal political committee. **C** C00418897

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C4344020

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

TOTAL This Period (last page this line number only) ► **66364.56**

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)
Tim Walz for US Congress

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) ADP Easypay</p> <p>Mailing Address 8100 Old Cedar Ave S</p> <p>City Minneapolis State MN Zip Code 55425-1803</p> <p>Purpose of Disbursement Payroll Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225320</p> <p>Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 126.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) ADP Easypay</p> <p>Mailing Address 8100 Old Cedar Ave S</p> <p>City Minneapolis State MN Zip Code 55425-1803</p> <p>Purpose of Disbursement Payroll Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225321</p> <p>Date of Disbursement 01 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 54.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) ADP Easypay</p> <p>Mailing Address 8100 Old Cedar Ave S</p> <p>City Minneapolis State MN Zip Code 55425-1803</p> <p>Purpose of Disbursement Payroll Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226168</p> <p>Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 54.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 235.90 |
| 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)
Tim Walz for US Congress

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) ADP Easypay</p> <p>Mailing Address 8100 Old Cedar Ave S</p> <p>City Minneapolis State MN Zip Code 55425-1803</p> <p>Purpose of Disbursement Payroll Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226169</p> <p>Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 54.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) ADP Easypay</p> <p>Mailing Address 8100 Old Cedar Ave S</p> <p>City Minneapolis State MN Zip Code 55425-1803</p> <p>Purpose of Disbursement Payroll Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D227089</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 54.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) ADP Easypay</p> <p>Mailing Address 8100 Old Cedar Ave S</p> <p>City Minneapolis State MN Zip Code 55425-1803</p> <p>Purpose of Disbursement Payroll Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D227090</p> <p>Date of Disbursement 03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 54.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

163.50

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)
Tim Walz for US Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) ADP Tx/Fincl | Transaction ID: D227091 Date of Disbursement |
| | Mailing Address 8100 Old Cedar Ave S. | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/> |
| | City Bloomington State MN Zip Code 55425 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Payroll Taxes | <input type="text" value="911.56"/> |
| | Candidate Name | <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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) ADP Tx/Fincl | Transaction ID: D227092 Date of Disbursement |
| | Mailing Address 8100 Old Cedar Ave S. | <input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/> |
| | City Bloomington State MN Zip Code 55425 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Payroll Taxes | <input type="text" value="933.77"/> |
| | Candidate Name | <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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) ADP Tx/Fincl | Transaction ID: D226170 Date of Disbursement |
| | Mailing Address 8100 Old Cedar Ave S. | <input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2009"/> |
| | City Bloomington State MN Zip Code 55425 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Payroll Taxes | <input type="text" value="948.55"/> |
| | Candidate Name | <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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="2793.88"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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)
Tim Walz for US Congress

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) ADP Tx/Fincl</p> <p>Mailing Address 8100 Old Cedar Ave S.</p> <p>City Bloomington State MN Zip Code 55425</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226171</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 933.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) ADP Tx/Fincl</p> <p>Mailing Address 8100 Old Cedar Ave S.</p> <p>City Bloomington State MN Zip Code 55425</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225318</p> <p>Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 954.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) ADP Tx/Fincl</p> <p>Mailing Address 8100 Old Cedar Ave S.</p> <p>City Bloomington State MN Zip Code 55425</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225319</p> <p>Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 954.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2842.51

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)
Tim Walz for US Congress

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address PO Box 6438</p> <p>City Carol Stream State IL Zip Code 60197-6438</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225310 Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 3242.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address PO Box 6438</p> <p>City Carol Stream State IL Zip Code 60197-6438</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226163 Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 867.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address PO Box 6438</p> <p>City Carol Stream State IL Zip Code 60197-6438</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226184 Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 868.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4978.43

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)
Tim Walz for US Congress

A. Full Name (Last, First, Middle Initial)
Berkley Risk Administrators Company

Mailing Address 222 S 9th St
Ste 1300

City State Zip Code
Minneapolis MN 55402-3332

Purpose of Disbursement
Workers Comp Insurance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D226160
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 444.00 |
|--------|

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

B. Full Name (Last, First, Middle Initial)
Blue Cross Blue Shield

Mailing Address P O Box 64560

City State Zip Code
Saint Paul MN 55164

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D226181
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 1 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|--------|
| 241.00 |
|--------|

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

C. Full Name (Last, First, Middle Initial)
Blue Cross Blue Shield

Mailing Address P O Box 64560

City State Zip Code
Saint Paul MN 55164

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D225324
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 3 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|--------|
| 482.00 |
|--------|

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

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 1167.00 |
|---------|

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Blue Cross Blue Shield Mailing Address P O Box 64560 City Saint Paul State MN Zip Code 55164 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D227121 Date of Disbursement 03 / 12 / 2009 Amount of Each Disbursement this Period 241.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Capital Accounting Services Mailing Address 4190 Vinewood Ln N. Suite 111-5544 City Plymouth State MN Zip Code 55442-1771 Purpose of Disbursement Accounting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D227132 Date of Disbursement 03 / 05 / 2009 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 |
| C. | Full Name (Last, First, Middle Initial) Capital Accounting Services Mailing Address 4190 Vinewood Ln N. Suite 111-5544 City Plymouth State MN Zip Code 55442-1771 Purpose of Disbursement Accounting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D225306 Date of Disbursement 01 / 05 / 2009 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 |

SUBTOTAL of Disbursements This Page (optional) ▶

2241.00

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Capital Accounting Services | Transaction ID: D226179 Date of Disbursement |
| | Mailing Address 4190 Vinewood Ln N. Suite 111-5544 | <input type="text" value="02"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Plymouth State MN Zip Code 55442-1771 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Accounting Services | <input type="text" value="1000.00"/> |
| | Candidate Name | <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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Richard Carlbom | Transaction ID: D225322 Date of Disbursement |
| | Mailing Address PO Box 938 | <input type="text" value="01"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Mankato State MN Zip Code 56002-0938 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Payroll | <input type="text" value="1852.54"/> |
| | Candidate Name | <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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Richard Carlbom | Transaction ID: D225323 Date of Disbursement |
| | Mailing Address PO Box 938 | <input type="text" value="01"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Mankato State MN Zip Code 56002-0938 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Payroll | <input type="text" value="1852.54"/> |
| | Candidate Name | <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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="4705.08"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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)
Tim Walz for US Congress

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Richard Carlbom Mailing Address PO Box 938 City Mankato State MN Zip Code 56002-0938 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D226156 Date of Disbursement 02 / 03 / 2009 Amount of Each Disbursement this Period 125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Richard Carlbom Mailing Address PO Box 938 City Mankato State MN Zip Code 56002-0938 Purpose of Disbursement Travel/Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D226157 Date of Disbursement 02 / 09 / 2009 Amount of Each Disbursement this Period 866.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Richard Carlbom Mailing Address PO Box 938 City Mankato State MN Zip Code 56002-0938 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D226158 Date of Disbursement 02 / 13 / 2009 Amount of Each Disbursement this Period 1852.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2844.02 |
| 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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Richard Carlbom

Transaction ID: D226159
Date of Disbursement

Mailing Address PO Box 938

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 7 | | 2 | 0 | 9 | |

City Mankato State MN Zip Code 56002-0938

Amount of Each Disbursement this Period

| |
|---------|
| 1852.54 |
|---------|

Purpose of Disbursement
Payroll

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

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

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Richard Carlbom

Transaction ID: D227093
Date of Disbursement

Mailing Address PO Box 938

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

City Mankato State MN Zip Code 56002-0938

Amount of Each Disbursement this Period

| |
|-------|
| 85.57 |
|-------|

Purpose of Disbursement
Travel

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

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

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Richard Carlbom

Transaction ID: D227094
Date of Disbursement

Mailing Address PO Box 938

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 9 | |

City Mankato State MN Zip Code 56002-0938

Amount of Each Disbursement this Period

| |
|---------|
| 1874.75 |
|---------|

Purpose of Disbursement
Payroll

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

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

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 3812.86 |
|---------|

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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Richard Carlbom

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002-0938

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227096
Date of Disbursement

03 / 13 / 2009

Amount of Each Disbursement this Period

1852.54

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

B.

Full Name (Last, First, Middle Initial)
Richard Carlbom

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002-0938

Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227097
Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

725.50

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

C.

Full Name (Last, First, Middle Initial)
Centerpoint Energy

Mailing Address Box 4671

City Houston State TX Zip Code 77210-4671

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227125
Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

235.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2813.04

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Tim Walz for US Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Centerpoint Energy | Transaction ID: D225309 Date of Disbursement 01 / 05 / 2009 |
| | Mailing Address Box 4671 | Amount of Each Disbursement this Period 235.00 |
| | City Houston State TX Zip Code 77210-4671 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Utilities Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Centerpoint Energy | Transaction ID: D226174 Date of Disbursement 02 / 04 / 2009 |
| | Mailing Address Box 4671 | Amount of Each Disbursement this Period 235.00 |
| | City Houston State TX Zip Code 77210-4671 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Utilities Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Charter Communications | Transaction ID: D226166 Date of Disbursement 02 / 04 / 2009 |
| | Mailing Address Box 3149 | Amount of Each Disbursement this Period 85.47 |
| | City Milwaukee State WI Zip Code 53201-3149 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Internet/Telephone Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 555.47 |
| 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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Charter Communications

Transaction ID: D226188
Date of Disbursement

Mailing Address Box 3149

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 3 | | 2 | 0 | 9 | |

City Milwaukee State WI Zip Code 53201-3149

Amount of Each Disbursement this Period

| |
|-------|
| 85.47 |
|-------|

Purpose of Disbursement
Internet/Telephone
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Charter Communications

Transaction ID: D225304
Date of Disbursement

Mailing Address Box 3149

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 5 | | 2 | 0 | 9 | |

City Milwaukee State WI Zip Code 53201-3149

Amount of Each Disbursement this Period

| |
|--------|
| 524.45 |
|--------|

Purpose of Disbursement
Internet/Telephone
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Congressional Club

Transaction ID: D227122
Date of Disbursement

Mailing Address 2001 New Hampshire Ave NW

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 9 | | 2 | 0 | 9 | |

City Washington State DC Zip Code 2009

Amount of Each Disbursement this Period

| |
|--------|
| 400.00 |
|--------|

Purpose of Disbursement
Event Expense
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 1009.92 |
|---------|

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

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| |
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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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Copier Business Solutions</p> <p>Mailing Address 1715 Commerce Drive</p> <p>City North Mankato State MN Zip Code 56003</p> <p>Purpose of Disbursement Copier</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D227130</p> <p>Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 160.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Copier Business Solutions</p> <p>Mailing Address 1715 Commerce Drive</p> <p>City North Mankato State MN Zip Code 56003</p> <p>Purpose of Disbursement Copier</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225327</p> <p>Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 490.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Copier Business Solutions</p> <p>Mailing Address 1715 Commerce Drive</p> <p>City North Mankato State MN Zip Code 56003</p> <p>Purpose of Disbursement Copier</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225328</p> <p>Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 160.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 811.31 |
| 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)
Tim Walz for US Congress

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Copier Business Solutions</p> <p>Mailing Address 1715 Commerce Drive</p> <p>City North Mankato State MN Zip Code 56003</p> <p>Purpose of Disbursement Copier</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226165 Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 160.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) CTS Holdings LLC</p> <p>Mailing Address 2525 Horizon Lake Dr Suite 120</p> <p>City Memphis State TN Zip Code 38133</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225339 Date of Disbursement 01 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 30.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) CTS Holdings LLC</p> <p>Mailing Address 2525 Horizon Lake Dr Suite 120</p> <p>City Memphis State TN Zip Code 38133</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226195 Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 30.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

222.48

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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
CTS Holdings LLC

Transaction ID: D227114
Date of Disbursement

Mailing Address 2525 Horizon Lake Dr
Suite 120

/ /

City Memphis State TN Zip Code 38133

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/Type

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

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
CTS Holdings LLC

Transaction ID: D227202
Date of Disbursement

Mailing Address 2525 Horizon Lake Dr
Suite 120

/ /

City Memphis State TN Zip Code 38133

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/Type

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

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
CTS Holdings LLC

Transaction ID: D227203
Date of Disbursement

Mailing Address 2525 Horizon Lake Dr
Suite 120

/ /

City Memphis State TN Zip Code 38133

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/Type

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

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 90

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Department of the Treasury | Transaction ID: D227126 Date of Disbursement 03 / 05 / 2009 |
| | Mailing Address Internal Revenue Service Center | Amount of Each Disbursement this Period 1799.00 |
| | City Ogden State UT Zip Code 84201 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Income Taxes Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Expedite Mail Services | Transaction ID: D225336 Date of Disbursement 01 / 29 / 2009 |
| | Mailing Address 3770 Dunlap Street North | Amount of Each Disbursement this Period 3453.81 |
| | City Arden Hills State MN Zip Code 55112-6907 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Mailing Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Hickorytech | Transaction ID: D225307 Date of Disbursement 01 / 05 / 2009 |
| | Mailing Address 2730 3rd Ave PO Box 3288 | Amount of Each Disbursement this Period 80.44 |
| | City Mankato State MN Zip Code 56002 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Telephone Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 5333.25 |
| 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)
Tim Walz for US Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Hickorytech | Transaction ID: D226161 Date of Disbursement 02 / 04 / 2009 |
| | Mailing Address 2730 3rd Ave PO Box 3288 | Amount of Each Disbursement this Period 80.44 |
| | City Mankato State MN Zip Code 56002 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Telephone Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Hickorytech | Transaction ID: D227129 Date of Disbursement 03 / 05 / 2009 |
| | Mailing Address 2730 3rd Ave PO Box 3288 | Amount of Each Disbursement this Period 80.44 |
| | City Mankato State MN Zip Code 56002 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Telephone Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Honsa-Binder Printing, Inc. | Transaction ID: D226177 Date of Disbursement 02 / 11 / 2009 |
| | Mailing Address 320 Spruce Street | Amount of Each Disbursement this Period 2585.35 |
| | City St. Paul State MN Zip Code 55101-2445 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Printing Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2746.23 |
| 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)
Tim Walz for US Congress

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Kieloch Consulting, Inc.</p> <p>Mailing Address 301 4th ST. NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Consulting - Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226173 Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Kieloch Consulting, Inc.</p> <p>Mailing Address 301 4th ST. NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Consulting - Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225326 Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Liberty Concepts</p> <p>Mailing Address 119 Braintree St., Suite 101</p> <p>City Boston State MA Zip Code 02134</p> <p>Purpose of Disbursement Web Site</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225329 Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ►

8600.00

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Liberty Concepts <hr/> Mailing Address 119 Braintree St., Suite 101 <hr/> City Boston State MA Zip Code 02134 <hr/> Purpose of Disbursement Web site Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D227120 Date of Disbursement 03 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Minnesota Revenue <hr/> Mailing Address Mail Station 1257 <hr/> City St. Paul State MN Zip Code 55146-1257 <hr/> Purpose of Disbursement Income Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D227131 Date of Disbursement 03 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 1176.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) NGP Software, Inc. <hr/> Mailing Address 1225 Eye St. NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Campaign Software & Support Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D226182 Date of Disbursement 02 / 11 / 2009 <hr/> Amount of Each Disbursement this Period 1940.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3716.00 |
| TOTAL 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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Olmsted County DFL

Mailing Address P.O. Box 9044

City Rochester State MN Zip Code 55903

Purpose of Disbursement
Rent

Candidate Name
Olmsted County DFL

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D226185
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 3 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

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

B.

Full Name (Last, First, Middle Initial)
Olmsted County DFL

Mailing Address P.O. Box 9044

City Rochester State MN Zip Code 55903

Purpose of Disbursement
Rent

Candidate Name
Olmsted County DFL

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D226164
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

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

C.

Full Name (Last, First, Middle Initial)
Perkins Coie

Mailing Address 201 Third Avenue, Suite 4

City Seattle State WA Zip Code 98101-3099

Purpose of Disbursement
Legal Fees

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D225305
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 5 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|-------|
| 90.00 |
|-------|

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

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 1090.00 |
|---------|

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 201 Third Avenue, Suite 4</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D227127</p> <p>Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 272.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Senate District #23 DFL</p> <p>Mailing Address Box 673</p> <p>City Mankato State MN Zip Code 56002</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225302</p> <p>Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 58.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Senate District #23 DFL</p> <p>Mailing Address Box 673</p> <p>City Mankato State MN Zip Code 56002</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225303</p> <p>Date of Disbursement 01 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 484.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 814.85 |
| 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)
Tim Walz for US Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Senate District #23 DFL | Transaction ID: D226183 Date of Disbursement |
| | Mailing Address Box 673 | <input type="text" value="02"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Mankato State MN Zip Code 56002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Utilities | <input type="text" value="20.20"/> |
| | Candidate Name | <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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Senate District #23 DFL | Transaction ID: D226180 Date of Disbursement |
| | Mailing Address Box 673 | <input type="text" value="02"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Mankato State MN Zip Code 56002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Utilities | <input type="text" value="81.15"/> |
| | Candidate Name | <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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Seven Corners Printing | Transaction ID: D225333 Date of Disbursement |
| | Mailing Address 230 W. 7th St. | <input type="text" value="01"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City St. Paul State MN Zip Code 55102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Printing | <input type="text" value="2926.55"/> |
| | Candidate Name | <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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="3027.90"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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)
Tim Walz for US Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Southpaw Group, LLC | Transaction ID: D225334 Date of Disbursement 01 / 28 / 2009 |
| | Mailing Address 316 E Hennepin Ave Ste 201A | Amount of Each Disbursement this Period 2518.00 |
| | City Minneapolis State MN Zip Code 55414-1072 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Consulting - Fundraising Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Sprint | Transaction ID: D225311 Date of Disbursement 01 / 05 / 2009 |
| | Mailing Address 6200 Sprint Parkway | Amount of Each Disbursement this Period 119.98 |
| | City Overland Park State KS Zip Code 66251 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Telephone Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Sprint | Transaction ID: D226187 Date of Disbursement 02 / 23 / 2009 |
| | Mailing Address 6200 Sprint Parkway | Amount of Each Disbursement this Period 119.96 |
| | City Overland Park State KS Zip Code 66251 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Telephone Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2757.94 |
| 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)
Tim Walz for US Congress

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address 6200 Sprint Parkway</p> <p>City Overland Park State KS Zip Code 66251</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226172 Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 116.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) SunTrust Merchant Bankcard</p> <p>Mailing Address PO Box 304</p> <p>City Lakeland State FL Zip Code 33802-0304</p> <p>Purpose of Disbursement Credit Card Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225337 Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 58.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) SunTrust Merchant Bankcard</p> <p>Mailing Address PO Box 304</p> <p>City Lakeland State FL Zip Code 33802-0304</p> <p>Purpose of Disbursement Credit Card Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D227113 Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 181.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ►

356.16

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

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

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) US Postal Service Mailing Address 401 S 2nd St City Mankato State MN Zip Code 56001-9998 Purpose of Disbursement PO Box Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Transaction ID: D225335 Date of Disbursement 01 / 29 / 2009 |
| | Amount of Each Disbursement this Period 170.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) US Postal Service Mailing Address 401 S 2nd St City Mankato State MN Zip Code 56001-9998 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Transaction ID: D226176 Date of Disbursement 02 / 11 / 2009 |
| | Amount of Each Disbursement this Period 180.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Tim and Gwen Walz Mailing Address 12 Valley View City Mankato State MN Zip Code 56001 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Transaction ID: D226175 Date of Disbursement 02 / 10 / 2009 |
| | Amount of Each Disbursement this Period 59.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 409.00 |
| TOTAL 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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Tim and Gwen Walz

Transaction ID: D225316
Date of Disbursement

Mailing Address 12 Valley View

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 5 | | 2 | 0 | 0 | 9 |

City Mankato State MN Zip Code 56001

Amount of Each Disbursement this Period

| |
|--------|
| 200.00 |
|--------|

Purpose of Disbursement
Travel

| |
|--|
| |
|--|

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Tim and Gwen Walz

Transaction ID: D225317
Date of Disbursement

Mailing Address 12 Valley View

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 5 | | 2 | 0 | 0 | 9 |

City Mankato State MN Zip Code 56001

Amount of Each Disbursement this Period

| |
|--------|
| 288.36 |
|--------|

Purpose of Disbursement
Travel

| |
|--|
| |
|--|

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Wells Fargo

Transaction ID: D225312
Date of Disbursement

Mailing Address 206 E Hickory St

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 3 | | 2 | 0 | 0 | 9 |

City Mankato State MN Zip Code 56001

Amount of Each Disbursement this Period

| |
|-------|
| 30.00 |
|-------|

Purpose of Disbursement
Bank Fees

| |
|--|
| |
|--|

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|--------|
| 518.36 |
|--------|

TOTAL This Period (last page this line number only)

| |
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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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Wells Fargo | Transaction ID: D225313 Date of Disbursement 01 / 27 / 2009 |
| | Mailing Address 206 E Hickory St | Amount of Each Disbursement this Period 40.00 |
| | City Mankato State MN Zip Code 56001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Bank Fees Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Wells Fargo | Transaction ID: D225314 Date of Disbursement 01 / 29 / 2009 |
| | Mailing Address 206 E Hickory St | Amount of Each Disbursement this Period 25.00 |
| | City Mankato State MN Zip Code 56001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Bank Fees Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Wells Fargo | Transaction ID: D225315 Date of Disbursement 01 / 21 / 2009 |
| | Mailing Address 206 E Hickory St | Amount of Each Disbursement this Period 75.00 |
| | City Mankato State MN Zip Code 56001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Bank Fees Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 140.00 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 206 E Hickory St City Mankato State MN Zip Code 56001 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D226178 Date of Disbursement 02 / 11 / 2009 Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 206 E Hickory St City Mankato State MN Zip Code 56001 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D227099 Date of Disbursement 03 / 11 / 2009 Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Wingert Enterprises Mailing Address 1601 James Drive City North Mankato State MN Zip Code 56003 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D227128 Date of Disbursement 03 / 05 / 2009 Amount of Each Disbursement this Period 410.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 470.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 90

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Wingert Enterprizes</p> <p>Mailing Address 1601 James Drive</p> <p>City North Mankato State MN Zip Code 56003</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226162 Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 410.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Wingert Enterprizes</p> <p>Mailing Address 1601 James Drive</p> <p>City North Mankato State MN Zip Code 56003</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225308 Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 410.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Leah V Solo</p> <p>Mailing Address 726 Grant Ave</p> <p>City North Mankato State MN Zip Code 56003-2943</p> <p>Purpose of Disbursement Memo Entry</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D225330 Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 35.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

855.00

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Wells Fargo

Mailing Address 206 E Hickory St

City Mankato State MN Zip Code 56001

Purpose of Disbursement
See Memo Entries

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D226190
Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

112.36

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

B.

Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 2020 Adams St

City Mankato State MN Zip Code 56001

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D226199
Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

45.98

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 2020 Adams St

City Mankato State MN Zip Code 56001

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D226200
Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

25.69

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

112.36

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)
Tim Walz for US Congress

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Wells Fargo</p> <p>Mailing Address 206 E Hickory St</p> <p>City Mankato State MN Zip Code 56001</p> <p>Purpose of Disbursement See Memo Entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226191</p> <p>Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2321.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Holiday Inn Capitol</p> <p>Mailing Address 550 C Street SW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226204</p> <p>Date of Disbursement 02 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 480.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Midwest Airlines</p> <p>Mailing Address 6744 S Howell Ave</p> <p>City Oak Creek State WI Zip Code 53054</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226210</p> <p>Date of Disbursement 02 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 337.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2321.77 |
| 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)
Tim Walz for US Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) US Postal Service | Transaction ID: D226207 Date of Disbursement 02 / 24 / 2009 |
| | Mailing Address 401 S 2nd St | Amount of Each Disbursement this Period 840.00 |
| | City Mankato State MN Zip Code 56001-9998 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Postage Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Wells Fargo | Transaction ID: D226205 Date of Disbursement 02 / 24 / 2009 |
| | Mailing Address 206 E Hickory St | Amount of Each Disbursement this Period 6.82 |
| | City Mankato State MN Zip Code 56001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Bank Fees Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Wells Fargo | Transaction ID: D226192 Date of Disbursement 02 / 25 / 2009 |
| | Mailing Address 206 E Hickory St | Amount of Each Disbursement this Period 2405.64 |
| | City Mankato State MN Zip Code 56001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement See Memo Entries Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2405.64 |
| 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)
Tim Walz for US Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Hyatt Grand | Transaction ID: D226326 Date of Disbursement 02 / 24 / 2009 |
| | Mailing Address 1000 H Street NW | Amount of Each Disbursement this Period 837.98 |
| | City Washington State DC Zip Code 20004 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Travel | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Hyatt Grand | Transaction ID: D226327 Date of Disbursement 02 / 24 / 2009 |
| | Mailing Address 1000 H Street NW | Amount of Each Disbursement this Period 786.63 |
| | City Washington State DC Zip Code 20004 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Travel | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Hyatt Grand | Transaction ID: D226328 Date of Disbursement 02 / 24 / 2009 |
| | Mailing Address 1000 H Street NW | Amount of Each Disbursement this Period 25.96 |
| | City Washington State DC Zip Code 20004 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Travel | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Hyatt Grand | Transaction ID: D226329 |
| | Mailing Address 1000 H Street NW | Date of Disbursement 02 / 24 / 2009 |
| | City Washington State DC Zip Code 20004 | Amount of Each Disbursement this Period 9.57 |
| | Purpose of Disbursement Travel | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) I Ricchi Restuarant | Transaction ID: D226340 |
| | Mailing Address 1220 19th Street NW | Date of Disbursement 02 / 24 / 2009 |
| | City Washington State DC Zip Code 20036 | Amount of Each Disbursement this Period 546.00 |
| | Purpose of Disbursement Event Expense - Food | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Tortilla Coast | Transaction ID: D226330 |
| | Mailing Address 400 1st St SE | Date of Disbursement 02 / 24 / 2009 |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period 37.68 |
| | Purpose of Disbursement Meals | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

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|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Wells Fargo</p> <p>Mailing Address 206 E Hickory St</p> <p>City Mankato State MN Zip Code 56001</p> <p>Purpose of Disbursement See Memo Entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226193</p> <p>Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 4919.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Capital Host</p> <p>Mailing Address PO Box 77896</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226324</p> <p>Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 531.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>C. Full Name (Last, First, Middle Initial) NWA</p> <p>Mailing Address PO Box 100</p> <p>City Minneapolis State MN Zip Code 55440-0100</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D226319</p> <p>Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 351.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4919.58

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) NWA | Transaction ID: D226320 Date of Disbursement 02 / 25 / 2009 |
| | Mailing Address PO Box 100 | Amount of Each Disbursement this Period 351.20 |
| | City Minneapolis State MN Zip Code 55440-0100 | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Travel Candidate Name Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) NWA | Transaction ID: D226321 Date of Disbursement 02 / 25 / 2009 |
| | Mailing Address PO Box 100 | Amount of Each Disbursement this Period 20.00 |
| | City Minneapolis State MN Zip Code 55440-0100 | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Travel Candidate Name Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) NWA | Transaction ID: D226322 Date of Disbursement 02 / 25 / 2009 |
| | Mailing Address PO Box 100 | Amount of Each Disbursement this Period 1379.20 |
| | City Minneapolis State MN Zip Code 55440-0100 | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Travel Candidate Name Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
NWA

Mailing Address PO Box 100

City State Zip Code
Minneapolis MN 55440-0100

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227204
Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

637.50

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
NWA

Mailing Address PO Box 100

City State Zip Code
Minneapolis MN 55440-0100

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227205
Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

60.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
NWA

Mailing Address PO Box 100

City State Zip Code
Minneapolis MN 55440-0100

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227206
Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

637.50

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
NWA

Mailing Address PO Box 100

City Minneapolis State MN Zip Code 55440-0100

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227207
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 5 | | 2 | 0 | 9 | |

Amount of Each Disbursement this Period

| |
|--------|
| 637.50 |
|--------|

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Tortilla Coast

Mailing Address 400 1st St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D226325
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 5 | | 2 | 0 | 9 | |

Amount of Each Disbursement this Period

| |
|-------|
| 40.00 |
|-------|

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Wells Fargo

Mailing Address 206 E Hickory St

City Mankato State MN Zip Code 56001

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D226323
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 5 | | 2 | 0 | 9 | |

Amount of Each Disbursement this Period

| |
|-------|
| 31.75 |
|-------|

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|------|
| 0.00 |
|------|

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Wells Fargo

Mailing Address 206 E Hickory St

City Mankato State MN Zip Code 56001

Purpose of Disbursement
See Memo Entries

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227101

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

1883.57

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

B.

Full Name (Last, First, Middle Initial)
Kingsmill

Mailing Address 1010 Kingsmill Rd

City Williamsburg State VA Zip Code 23185-5576

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227161

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

1250.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
NWA

Mailing Address PO Box 100

City Minneapolis State MN Zip Code 55440-0100

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227141

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

389.20

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1883.57

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)
Tim Walz for US Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Tortilla Coast | Transaction ID: D227138 |
| | Mailing Address 400 1st St SE | Date of Disbursement 03 / 24 / 2009 |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period 68.00 |
| | Purpose of Disbursement Meals | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Tortilla Coast | Transaction ID: D227139 |
| | Mailing Address 400 1st St SE | Date of Disbursement 03 / 24 / 2009 |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period 43.00 |
| | Purpose of Disbursement Meals | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Wells Fargo | Transaction ID: D227103 |
| | Mailing Address 206 E Hickory St | Date of Disbursement 03 / 25 / 2009 |
| | City Mankato State MN Zip Code 56001 | Amount of Each Disbursement this Period 59.00 |
| | Purpose of Disbursement See Memo Entries | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|--|---|-------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 59.00 |
| 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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
NWA

Mailing Address PO Box 100

City Minneapolis State MN Zip Code 55440-0100

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227140
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|-------|
| 15.00 |
|-------|

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Tortilla Coast

Mailing Address 400 1st St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227137
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|-------|
| 44.00 |
|-------|

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Wells Fargo

Mailing Address 206 E Hickory St

City Mankato State MN Zip Code 56001

Purpose of Disbursement
See Memo Entries

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227105
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 5 | | 2 | 0 | 9 | |

Amount of Each Disbursement this Period

| |
|--------|
| 796.90 |
|--------|

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

SUBTOTAL of Disbursements This Page (optional)

796.90

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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Godaddy.com

Mailing Address 14455 N. Hayden Rd.

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Computer Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227144
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|-------|
| 42.96 |
|-------|

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Godaddy.com

Mailing Address 14455 N. Hayden Rd.

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Computer Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227146
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 188.60 |
|--------|

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Midwest Airlines

Mailing Address 6744 S Howell Ave

City State Zip Code
Oak Creek WI 53054

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227163
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|-------|
| 35.00 |
|-------|

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|------|
| 0.00 |
|------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

PAGE 89 / 90

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)

Priceline

Mailing Address 800 Connecticut Ave.

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227155

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2009

Amount of Each Disbursement this Period

219.32

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

74821.50

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 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)
Tim Walz for US Congress

A.

Full Name (Last, First, Middle Initial)
Scott Murphy For Congress

Mailing Address 3 Warren St.

City State Zip Code
Glens Falls NY 12801

Purpose of Disbursement
Candidate Contribution
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227162
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)
Senate District #23 DFL

Mailing Address Box 673

City State Zip Code
Mankato MN 56002

Purpose of Disbursement
Contribution
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D227124
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ►

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