

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF HAGEDORN

ADDRESS (number and street)

201 SIOUX RD

STE 107

Check if different than previously reported. (ACC)

MANKATO

MN

56001

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00550707

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2023

through

M M /

D D /

Y Y Y Y 2023

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

Datwyler, Thomas, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Datwyler, Thomas, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
FRIENDS OF HAGEDORN

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	132213.40	0.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	132213.40	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	961.85	
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 05/2016)

Write or Type Committee Name

FRIENDS OF HAGEDORN

Report Covering the Period: From: MM / DD / YYYY 01 / 01 / 2023 To: MM / DD / YYYY 03 / 31 / 2023

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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	132213.40	0.00
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	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	132213.40	0.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	133175.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	133175.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	132213.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	961.85

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 5 OF 8	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. 9Seven Consulting			Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2023	
Mailing Address Po Box 183			FEC Identification Number C	
City Hudson	State WI	Zip Code 54016	Amount of Each Disbursement this Period 2100.00	
Purpose of Disbursement Compliance Consulting		Category/ Type	Transaction ID : SB17.4120	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. 9Seven Consulting			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2023	
Mailing Address Po Box 183			FEC Identification Number C	
City Hudson	State WI	Zip Code 54016	Amount of Each Disbursement this Period 350.00	
Purpose of Disbursement Compliance Consulting		Category/ Type	Transaction ID : SB17.4121	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. 9Seven Consulting			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2023	
Mailing Address Po Box 183			FEC Identification Number C C00550707	
City Hudson	State WI	Zip Code 54016	Amount of Each Disbursement this Period 6.00	
Purpose of Disbursement Compliance Consulting		Category/ Type 001	Transaction ID : SB17.4130	
Candidate Name FRIENDS OF HAGEDORN		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN District: 01				

SUBTOTAL of Disbursements This Page (optional).....▶	2456.00
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 6 OF 8			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. 9Seven Consulting			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2023		
Mailing Address Po Box 183			FEC Identification Number C C00550707		
City Hudson	State WI	Zip Code 54016	Amount of Each Disbursement this Period 2229.02		
Purpose of Disbursement Compliance Consulting		Category/ Type 001	Transaction ID : SB17.4131		
Candidate Name FRIENDS OF HAGEDORN		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: MN	District: 01				

Full Name (Last, First, Middle Initial) B. Aristotle International			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2023		
Mailing Address 205 Pennsylvania Ave Se			FEC Identification Number C		
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 600.00		
Purpose of Disbursement Database		Category/ Type	Transaction ID : SB17.4124		
Memo Item <input type="checkbox"/>					
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) C. Aristotle International			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2023		
Mailing Address 205 Pennsylvania Ave Se			FEC Identification Number C		
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 606.75		
Purpose of Disbursement Database		Category/ Type	Transaction ID : SB17.4125		
Memo Item <input type="checkbox"/>					
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3435.77
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)		PAGE 7 OF 8	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. Community Bank Mankato			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2023	
Mailing Address 300 St Andrews Dr			FEC Identification Number C	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 493.69	
Purpose of Disbursement Bank Charges		Category/ Type	Transaction ID : SB17.4116	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Community Bank Mankato			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2023	
Mailing Address 300 St Andrews Dr			FEC Identification Number C	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement Bank Charges		Category/ Type	Transaction ID : SB17.4117	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Community Bank Mankato			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2023	
Mailing Address 300 St Andrews Dr			FEC Identification Number C	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 344.98	
Purpose of Disbursement Bank Charges		Category/ Type	Transaction ID : SB17.4118	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	863.67
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 8 OF 8	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. Community Bank Mankato		Date of Disbursement MM / DD / YYYY 03 / 21 / 2023
Mailing Address 300 St Andrews Dr		FEC Identification Number C C00550707
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement Bank Charges	Category/Type 001	
Candidate Name FRIENDS OF HAGEDORN		Amount of Each Disbursement this Period 25.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 01	Transaction ID : SB17.4132 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Community Bank Mankato		Date of Disbursement MM / DD / YYYY 03 / 28 / 2023
Mailing Address 300 St Andrews Dr		FEC Identification Number C C00550707
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement Bank Fees	Category/Type 001	
Candidate Name FRIENDS OF HAGEDORN		Amount of Each Disbursement this Period 348.74
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 01	Transaction ID : SB17.4133 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. James L. Hagedorn Cancer Charities		Date of Disbursement MM / DD / YYYY 01 / 05 / 2023
Mailing Address 222 WEST 8TH STREET		FEC Identification Number C
City Blue Earth	State MN	Zip Code 56013
Purpose of Disbursement Donation	Category/Type	
Candidate Name		Amount of Each Disbursement this Period 125026.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4127 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	125400.30
TOTAL This Period (last page this line number only).....▶	132155.74