

RECEIVED
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OPERATIONS CENTER

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. (a) Name of individual, organization, or corporation
Kandiyohi County DFL

(b) Address (number and street) check if different than previously reported
**320 First street South
P.O. Box 913**

(c) City, State and ZIP Code
Willmar, MN 56201

3. FEC Identification Number
0

2. Corporate filers only
Is the filer a qualified nonprofit corporation? Yes No

Individual filers only
Name of Employer _____ Occupation _____

4. TYPE OF REPORT (check appropriate boxes)

(a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice
 July 15 Quarterly Report 12-Day Report preceding the election ▼
 October 15 Quarterly Report 30-Day Report following the General Election ▼

Type of Election _____ Date of Election _____ State _____
Date of Election _____ State _____
NOV 2, 04 MN

(b) Is this Report an amendment? Yes No


5. COVERING PERIOD: FROM 01 / 01 / 2004
THROUGH 01 / 02 / 2004

6. TOTAL CONTRIBUTIONS **1,650.00**

7. TOTAL INDEPENDENT EXPENDITURES **987.92**

Under penalty of perjury, I certify that the independent expenditures reported herein were not made in cooperation, concert, support, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
DAVID C MOODY

SIGNATURE  DATE **11/29/04**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of U.S.C. § 4376.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9596 Local 202-684-7700

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE 2 OF 5

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 FILER (In Full)

Kandiyahi County DFL

A. Full Name (Last, First, Middle Initial)
 Minneapolis Retired Police Asst.
 Mailing Address: 3552 Genevieve Ave N.
 City: Oakdale, MN State: MN Zip Code: 55128
 Date of Receipt: 06/10/2004
 Amount of Each Receipt this Period: 300.00
 FEC ID number of contributing federal political committee: 0
 Name of Employer: Occupation:

B. Full Name (Last, First, Middle Initial)
 Education Minnesota P.A.R.
 Mailing Address: 41 Sherbourne Ave
 City: St. Paul, MN State: MN Zip Code: 55103
 Date of Receipt: 09/03/2004
 Amount of Each Receipt this Period: 300.00
 FEC ID number of contributing federal political committee: 0
 Name of Employer: Occupation:

C. Full Name (Last, First, Middle Initial)
 Shakopee Mdewakanton Sioux POMPAC
 Mailing Address: 2330 Sioux Trail NW
 City: Prior Lake, MN State: MN Zip Code: 55372
 Date of Receipt: 10/13/2004
 Amount of Each Receipt this Period: 250.00
 FEC ID number of contributing federal political committee: 0
 Name of Employer: Occupation:

D. Full Name (Last, First, Middle Initial)
 Mailing Address:
 City: State: Zip Code:
 Date of Receipt:
 Amount of Each Receipt this Period:
 FEC ID number of contributing federal political committee: 0
 Name of Employer: Occupation:

GRAND TOTAL of Receipts This Page (optional) 850.00
TOTAL This Period (final page carry total to Line 6)

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE 3 OF 5

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NAME OF FILER (In Full)
 Kandiyohi County DFL

A. Full Name (Last, First, Middle Initial)
Committee of Automobile Retailers

Date of Receipt: **10 / 29 / 2004**

Mailing Address: **200 Lothembach Ave.**

City: **West Saint Paul** State: **MN** Zip Code: **55118**

Amount of Each Receipt this Period: **300.00**

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

Name of Employer: _____ Occupation: _____

B. Full Name (Last, First, Middle Initial)
Amy Kluebener Volunteer Committee

Date of Receipt: **10 / 27 / 2004**

Mailing Address: **P.O. Box 7471 Loop Station**

City: **Minneapolis** State: **MN** Zip Code: **55402**

Amount of Each Receipt this Period: **500.00**

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

Name of Employer: _____ Occupation: _____

C. Full Name (Last, First Middle Initial)

Date of Receipt: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Amount of Each Receipt this Period: _____

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

Name of Employer: _____ Occupation: _____

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

Date of Receipt: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Amount of Each Receipt this Period: _____

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

Name of Employer: _____ Occupation: _____

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page carry total to line 6)	1,650.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 OF 5
FOR LINE 7 OF FORM 5

NAME OF FILER (in Full)
Kandiyohi County DFL

Full Name (Last, First, Middle Initial) of Payee Raymond Printing News		Date 10 21 2004
Mailing Address 204 Spicer Ave		Amount 9600
City Raymond	State MN	Zip Code 56282
Purpose of Expenditure Republish Gov. Elmer Andersen's Editorial		Category/Type Editorial
Name of Federal Candidate Supported or Opposed by Expenditure: John Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Calendar Year-To-Date Per Election for Office Sought 9600		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Kandiyohi Publishing Co.		Date 10 21 2004
Mailing Address 6593 NE 113 Ave		Amount 21120
City Spicer	State MN	Zip Code 56288
Purpose of Expenditure Republish Gov. Elmer Andersen's Editorial		Category/Type Editorial
Name of Federal Candidate Supported or Opposed by Expenditure: John Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Calendar Year-To-Date Per Election for Office Sought 230720		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee K O J S AM		Date 09 27 2004
Mailing Address 730 N. Business 71		Amount 19500
City Willmar	State MN	Zip Code 56201
Purpose of Expenditure Promote DFL		Category/Type Promotional
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of itemized independent expenditures	50220
(b) SUBTOTAL of Unitemized independent expenditures	0
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	50220

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Kandiyohi County DFL

Full Name (Last, First, Middle Initial) of Payee
West Central Tribune

Mailing Address
2208 Trutt Ave SW

City
Willmar State
MN Zip Code
56201

Date
10/12/2004

Amount
48572

Purpose of Expenditure
County Headquarters Info Category/Type
Information

Name of Federal Candidate Supported or Opposed by Expenditure:
General Support of DFL Candidates

Office Sought: House State: _____
 Senate District:
 President

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) _____

Calendar Year-To-Date Per Election for Office Sought

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: House State: _____
 Senate District: _____
 President

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) _____

Calendar Year-To-Date Per Election for Office Sought

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: House State: _____
 Senate District: _____
 President

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) _____

Calendar Year-To-Date Per Election for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures **48572**

(b) SUBTOTAL of Unitemized Independent Expenditures **0**

(c) TOTAL Independent Expenditures **48572**
(copy total from final page forward to Line 7)

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 11-26-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> No Postmark	Postmarked
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
JMN PREPARER	12-3-04 DATE PREPARED