

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)

Ciresi for Senate

RECEIVED.
SECRETARY OF THE SENATE

ADDRESS (number and street)

940 Rice Street

☒ Check if different than previously reported.

2. FEC IDENTIFICATION NUMBER

C00349779 DELIVERED ☐

CITY, STATE and ZIP CODE

St. Paul, MN 55117

STATE/DISTRICT

MN

3. IS THIS REPORT AN AMENDMENT?

☐ YES

☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ Twelfth day report preceding

(Type of Election)

☐ July 15 Quarterly Report

election on _____ in the State of _____

☐ October 15 Quarterly Report

☐ Thirtieth day report following the General Election on

☒ January 31 Year End Report

_____ in the State of _____

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination Report

This report contains
activity for

☒ Primary Election

☐ General Election

☐ Special Election

☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-date
07/01/1999 through 12/31/1999		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$319980.00	\$319980.00
(b) Total Contribution Refunds (From Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$319980.00	\$319980.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$71217.35	\$71217.35
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$71217.35	\$71217.35
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$248938.98	
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	

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

John Eisberg

Signature of Treasurer

Date

1-31-00

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

FEC FORM 3
(Revised 4/87)

Detailed Summary Page

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) Ciresi for Senate	Report Covering the Period: From: 07/01/1999 To: 12/31/1999	
I. RECEIPTS	Column A	Column B
	Total This Period	Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	\$302650.00	
(ii) Unitemized	\$1330.00	
(iii) Total of contributions from individual	\$303980.00	\$303980.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$16000.00	\$16000.00
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	\$319980.00	\$319980.00
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 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.)	\$176.33	\$176.33
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$320156.33	\$320156.33
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$71217.35	\$71217.35
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 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 20(a), (b) and (c))	\$0.00	\$0.00
21. OTHER DISBURSEMENTS	\$0.00	\$0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$71217.35	\$71217.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$320156.33
25. SUBTOTAL (add Line 23 and Line 24)	\$320156.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$71217.35
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$248938.98

2002090440

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 47
FOR LINE NUMBER
11(a) (i)

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)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Maura Abeln 4529 Woodhill Road Toledo, OH 43615- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Owens Corning Occupation Senior Vice President Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Clare Allyn 2100 Hoyt Avenue West Saint Paul, MN 55108- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Roseville School District Occupation Teacher Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Richard Allyn 2100 Hoyt Avenue West Saint Paul, MN 55108- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code A. James Anderson 4360 Davidson Avenue, NE Atlanta, GA 30319- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Susan M. Anderson 4360 Davidson Avenue, NE Atlanta, GA 30319- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Artisticconnections, Inc. Occupation Self-employed Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Steven Archer 7814 Willow Glen Road Hollywood, CA 90046- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Paula Bacon 7814 Willow Glen Road Hollywood, CA 90046- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer PRB Design Occupation Graphic Designer Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 47
FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Coralee Baldwin PO Box 579 Marshall, TX 75671- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Coralee Baldwin PO Box 579 Marshall, TX 75671- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code John Baldwin PO Box 1359 Marshall, TX 75671- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Baldwin & Baldwin, LLP Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code John Baldwin PO Box 1359 Marshall, TX 75671- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Baldwin & Baldwin, LLP Occupation Attorney Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code F. Scott Baldwin, Jr. PO Box 1359 Marshall, TX 75671- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Baldwin & Baldwin, LLP Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code F. Scott Baldwin, Jr. PO Box 1359 Marshall, TX 75671- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Baldwin & Baldwin, LLP Occupation Attorney Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Scott Baldwin PO Box 579 Marshall, TX 75671- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Baldwin & Baldwin, LLP Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

20020090442

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Scott Baldwin PO Box 579 Marshall, TX 75671- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Baldwin & Baldwin, LLP Occupation Attorney Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Mark Banks 4634 Edgebrook Place Edina, MN 55424- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Blue Cross Blue Shield Occupation Doctor Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code James Bartimus PO Box 26250 Kansas City, MO 64196- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Bartimus Frickleton & Presley Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Raymond L. Barton 5915 Christmas Lake Road Excelsior, MN 55331- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Great Clips, Inc. Occupation Executive Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/21/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Bertina M. Beehler 16176 Hunon Court Lakeville, MN 55044- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/18/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code David W. Beehler 16176 Huron Court Lakeville, MN 55044- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/18/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Brian K. Beutner 1615 Franklin Avenue Minneapolis, MN 55405- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer UnitedHealth Care Occupation General Counsel Aggregate Year-to-Date -> \$200.00	Date (month, day, year) 12/27/1999	Amount of Each Receipt this Period \$200.00

SUBTOTAL of Receipts This Page (optional)

\$6200.00

TOTAL This Period (last page this line number only)

200009043

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Sheila L. Birnbaum 919 Third Avenue New York, NY 10022- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Skaaden Aarps Occupation Attorney Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and Zip Code David Bland 2201 Pine Island Road Minnetonka, MN 55305- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Jane Bland 2201 Pine Island Road Minnetonka, MN 55305- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Tim Block 833 Forest Avenue Oak Park, IL 60302- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and Zip Code John Blume One Main Street Chatham, NJ 07929- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Blume Goldfaden Berowitz et al Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code David Bocan 5299 Blackhawk Drive Danville, CA 94506- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Marsha Bocan 5299 Blackhawk Drive Danville, CA 94506- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6000.00

TOTAL This Period (last page this line number only)

20020090444

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code David R. Bossart 1114 7th Street South Fargo, ND 58103- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer David R. Bossart Law Firm Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/16/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Gail Greenspoon Brand 1907 Hampshire Avenue Saint Paul, MN 55116- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Steve A. Brand 1907 Hampshire Avenue Saint Paul, MN 55116- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Ward Brehm, III 430 S. Brown Road Wayzata, MN 55391- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer The Brehm Group Occupation Executive Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Mark J. Briol 10377 Heidi Lane Chaska, MN 55318- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Briol & Associates Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/19/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Galen Bruer 2815 Capriole Drive Medina, MN 55340- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/26/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Kristine Kay Bryan 4608 Dupont Avenue South Minneapolis, MN 55409- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Edina High School Occupation Assistant Principal Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/28/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

20020090445

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 47
FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Tyrone Bujold 2800 LaSalle Plaza Minneapolis, MN 55402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/10/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Karl Cambronne 7310 Duluth Street Golden Valley, MN 55427- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Chestnut & Cambronne Occupation Attorney Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/15/1999	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and Zip Code William J. Cohen 3986 Club Drive Atlanta, GA 30319- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/29/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Jan Conlin 1710 Knox Avenue South Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Kathleen Marron Conlin 1305 Spring Valley Road Golden Valley, MN 55422- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/21/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Roxanne Barton Conlin Plaza Suite 5, 300 Walnut Des Moines, IA 50309- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Roxanne Conlin & Associates Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Thomas J. Conlin 1305 Spring Valley Road Golden Valley, MN 55422- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/21/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6250.00

TOTAL This Period (last page this line number only)

2002090446

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 7 OF 47

FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Kevin D. Conneely 5050 Garfield Avenue South Minneapolis, MN 55419- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Dr. Charles J. Connors 1700 Lee Janzen Drive Kissimmee, FL 34744- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Dr. Charles J. Connors 1700 Lee Janzen Drive Kissimmee, FL 34744- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Ruth F. Connors 1700 Lee Janzen Drive Kissimmee, FL 34744- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/19/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Ruth F. Connors 1700 Lee Janzen Drive Kissimmee, FL 34744- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Philip H. Corboy 33 N. Dearborn Street Chicago, IL 60602- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Corboy & Demetrio Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/17/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Stacy E. Costello 246 Murtha Street Alexandria, VA 22304- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

20020090447

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Joseph Cotchett 840 Malcolm Road, Suite 200 Burlingame, CA 94010- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Cotchett, Pitre & Simon Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/30/1999 Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Joseph B. Cox, Jr. PO Box 1321 Marshall, TX 75671- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Cox & Cox Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999 Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Joseph B. Cox, Jr. PO Box 1321 Marshall, TX 75671- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Cox & Cox Occupation Attorney Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/14/1999 Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Kevin L. Crudden 6720 Indian Hills Road Edina, MN 55439- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/16/1999 Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Andrew Czajkowski 1429 West 35th Street Minneapolis, MN 55408- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Blue Cross Blue Shield Occupation CEO Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/10/1999 Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Annamarie Daley 2815 Capriole Drive Medina, MN 55340- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999 Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Joseph L. Daly 1536 Hewitt Avenue Saint Paul, MN 55103- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Hamline University Law School Occupation Professor Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/20/1999 Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

200209048

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Stephen J. Davis 1601 West 22nd Street Minneapolis, MN 55405- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Nellie L. DeBruyn 678 Brookside Lane Saint Paul, MN 55118- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Developer Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Rita Coyle DeMeules 2014 West 49th Street Minneapolis, MN 55409- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/26/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Thomas A. Demetrio 25 East Banks Chicago, IL 60610- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Corboy & Demetrio Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/31/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Mel Dickstein 1912 Girard Avenue South Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Arnold Divine 222 South 9th Street, #3000 Minneapolis, MN 55402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Divine Scherzer & Brody Occupation CPA Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Nancy A. Donaldson 5430 30th Street, NW Washington, DC 20015- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Downey McGrath Group, Inc. Occupation Consultant Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$6250.00

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Mary L. Doshan 5513 Sherwood Drive Mound, MN 55384- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Michael D. Doshan 5513 Sherwood Drive Mound, MN 55384- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Doshan & Bremseth Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code D. Chris Downey 1225 Eye Street, NW, Suite 350 Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Thomas J. Downey 1225 Eye Street, NW, Suite 350 Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Downey McGrath Group, Inc. Occupation Chairman Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code James R. Duffy Wunneweta Road Cutchogue, NY 11935- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Kramer Dillof Tessel et al Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/21/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Sharon E. Eilen 1225 LaSalle Avenue South Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Student Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/10/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code John F. Eisberg 2542 Burnham Road Minneapolis, MN 55416- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

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2000090450

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code John K. Ellingboe 7123 Tupa Drive Edina, MN 55439- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Ovations Occupation Senior Vice President Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and Zip Code Brad Engdahl 1320 South Tyrol Trail Golden Valley, MN 55416- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/26/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Barbara J. Erickson 27 Hunter Lane Canton, MA 02021- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Brockton Hospital Occupation Student Counselor Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/10/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code William Erickson 27 Hunter Lane Canton, MA 02021- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/10/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Janet C. Evans 2732 Kenilworth Place Minneapolis, MN 55405- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/18/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code David Evinger 6009 Shane Drive Edina, MN 55439- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Lynn Evinger 6009 Shane Drive Edina, MN 55439- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6250.00

TOTAL This Period (last page this line number only)

2002090451

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Robert Falb 4002 Chancery Court, NW Washington, DC 20007- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/28/1999 Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Jeanne C. Feeney 1500 Landmark Towers Saint Paul, MN 55102- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/21/1999 Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Leo F. Feeney 2800 LaSalle Plaza Minneapolis, MN 55402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/21/1999 Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code David L. Feinberg 1120 20th Street, NW, Suite 740S Washington, DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer The Feinberg Group Occupation Manager Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/29/1999 Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code David L. Feinberg 1120 20th Street, NW, Suite 740S Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer The Feinberg Group Occupation Manager Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/29/1999 Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Dorothy B. Feinberg 8100 Connecticut Avenue, #1020 Chevy Chase, MD 20815- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/29/1999 Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Dorothy B. Feinberg 8100 Connecticut Avenue, #1020 Chevy Chase, MD 20815- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/29/1999 Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

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2000090452

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Kenneth R. Feinberg 1120 20th Street, NW Washington, DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Kenneth R. Feinberg & Assoc. Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Kenneth R. Feinberg 1120 20th Street, NW Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Kenneth R. Feinberg & Assoc. Occupation Attorney Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Sheila M. Feinberg 5115 Hampden Lane Bethesda, MD 20814- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Student Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Sheila M. Feinberg 5115 Hampden Lane Bethesda, MD 20814- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Student Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Bruce A. Finzen 2800 LaSalle Plaza Minneapolis, MN 55402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Susan Fisher 997 Lenox Valley Atlanta, GA 30324- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Coca Cola Corporation Occupation Human Relations Specialist Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/15/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Robert Fisher 997 Lenox Valley Atlanta, GA 30324- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/15/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

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20030090453

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 14 OF 47
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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code W. Morgan Fleming, Jr. 740 Mississippi River Boulevard Saint Paul, MN 55116- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Morrilton Management	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00
	Occupation Principal		
	Aggregate Year-to-Date ->		\$1000.00
B. Full Name, Mailing Address and Zip Code Linda S. Foreman 1912 Girard Avenue South Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
	Occupation Attorney		
	Aggregate Year-to-Date ->		\$1000.00
C. Full Name, Mailing Address and Zip Code David Frauenshuh 7023 Down Road Edina, MN 55435- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Frauenshuh Company	Date (month, day, year) 10/30/1999	Amount of Each Receipt this Period \$1000.00
	Occupation Executive		
	Aggregate Year-to-Date ->		\$1000.00
D. Full Name, Mailing Address and Zip Code Sandra Frauenshuh 7023 Down Road Edina, MN 55435- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) 10/30/1999	Amount of Each Receipt this Period \$1000.00
	Occupation Homemaker		
	Aggregate Year-to-Date ->		\$1000.00
E. Full Name, Mailing Address and Zip Code Barbara Frey 1726 Stanford Avenue Saint Paul, MN 55105- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer University of Minnesota	Date (month, day, year) 11/10/1999	Amount of Each Receipt this Period \$1000.00
	Occupation Human rights consultant		
	Aggregate Year-to-Date ->		\$1000.00
F. Full Name, Mailing Address and Zip Code Anthony Froio 5 Valley Forge Drive Shrewsbury, MA 01545- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi	Date (month, day, year) 11/02/1999	Amount of Each Receipt this Period \$1000.00
	Occupation Attorney		
	Aggregate Year-to-Date ->		\$1000.00
G. Full Name, Mailing Address and Zip Code Stephanie A. Froio 5 Valley Forge Drive Shrewsbury, MA 01545- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) 11/02/1999	Amount of Each Receipt this Period \$1000.00
	Occupation Homemaker		
	Aggregate Year-to-Date ->		\$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

20020090454

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Thomas J. Gallo 648 Rockmont Drive, NE Atlanta, GA 30324- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/30/1999 Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Laurence Gamst 222 South 9th Street, #3000 Minneapolis, MN 55402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Divine Scherzer & Brody Occupation CPA Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/10/1999 Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code John F. Gibbs 9533 Virginia Avenue South Bloomington, MN 55438- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/29/1999 Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Theresa K. Gibbs 9533 Virginia Avenue South Bloomington, MN 55438- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/29/1999 Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Cynthia Gilbertson 5020 Circle Down Golden Valley, MN 55416- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Maslon Edelman Borman & Brand Occupation Attorney Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 10/22/1999 Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and Zip Code Robert Gilbertson 5020 Circle Down Golden Valley, MN 55416- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 10/22/1999 Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and Zip Code Sharon Cummings Giles 1335 Ingraham Street, NW Washington, DC 20011- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/16/1999 Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6000.00

TOTAL This Period (last page this line number only)

20030090455

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Mary Helen Gill 2002 Sugar Woods Drive Orono, MN 55356- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/29/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Richard L. Gill 2002 Sugar Woods Drive Orono, MN 55356- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/27/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Thomas V. Girardi 1126 Wilshire Boulevard Los Angeles, CA 90017- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Girardi & Keese Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Thomas V. Girardi 1126 Wilshire Boulevard Los Angeles, CA 90017- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Girardi & Keese Occupation Attorney Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Edward Gleason 304 South Rammer Arlington Heights, IL 60004- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and Zip Code Eugene Goetz 1710 Knox Avenue South Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Barbara Goldner 117 Portland Avenue, #702 Minneapolis, MN 55401- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6500.00

TOTAL This Period (last page this line number only)

20020090456

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Michael D. Goldner 117 Portland Avenue, #702 Minneapolis, MN 55401- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Goldner Hawn Johnson et al Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Ciel S. Gordon 2745 Aquila Avenue South St. Louis Park, MN 55426- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Menorah Plaza Occupation Teacher Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Corey Gordon 2745 Aquila Avenue South St. Louis Park, MN 55426- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Marcia Grand 127 West Franklin Street Tucson, AZ 85701- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/20/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Richard Grand 127 West Franklin Street Tucson, AZ 85701- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/20/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Browne Greene 100 Wilshire Boulevard, Suite 2100 Santa Monica, CA 90401- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Greene, Briollet, Taylor et al Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Browne Greene 100 Wilshire Boulevard, Suite 2100 Santa Monica, CA 90401- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Greene, Briollet, Taylor et al Occupation Attorney Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

2003090457

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Pierson M. Grieve 4900 IDS Center Minneapolis, MN 55402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Retired Date (month, day, year) 12/28/1999 Aggregate Year-to-Date -> \$1000.00	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Bonnie Grzeskowiak 955 Lawnview Avenue Shoreview, MN 55126- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Date (month, day, year) 10/18/1999 Aggregate Year-to-Date -> \$1000.00	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Robert L. Habush 777 E. Wisconsin Avenue Milwaukee, WI 53202- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Habush Habush Davis & Rottier Occupation Attorney Date (month, day, year) 12/13/1999 Aggregate Year-to-Date -> \$1000.00	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Thomas Hamlin 11458 Aspen Way Minnetonka, MN 55305- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Date (month, day, year) 10/15/1999 Aggregate Year-to-Date -> \$1000.00	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code James S. Harrington 16 Whitridge Road Natick, MA 01760- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Date (month, day, year) 10/21/1999 Aggregate Year-to-Date -> \$1000.00	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Pamela Harrington 16 Whitridge Road Natick, MA 01760- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Homemaker Occupation Homemaker Date (month, day, year) 10/21/1999 Aggregate Year-to-Date -> \$1000.00	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Thomas B. Hatch 678 Brookside Lane Saint Paul, MN 55118- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Date (month, day, year) 10/22/1999 Aggregate Year-to-Date -> \$1000.00	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

2000090458

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ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Gary J. Haugen 6208 Braeburn Circle Edina, MN 55439- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Maslon Kaplan Edelman & Brand Occupation Attorney Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 12/28/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and Zip Code Lisa Heller 3042 East Ramble Lane Decatur, GA 30033- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/26/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Robert J. Heller, Jr. 3042 East Ramble Lane Decatur, GA 30033- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/26/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Stephen J. Hemsley 2965 Deer Run Trail Orono, MN 55356- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer UnitedHealth Group Occupation President Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and Zip Code Andrew Horstman 2404 Cromwell Drive Minneapolis, MN 55410- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Stanley E. Hubbard 3415 University Avenue Saint Paul, MN 55114- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Hubbard Broadcasting Occupation Executive Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Nicole Huber PO Box 42 Deerwood, MN 56444- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Technical Consultant Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6000.00

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Ronald Huber PO Box 42 Deerwood, MN 56444- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Technical Consultant Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Charles Hunnicutt 1216 Eye Street Alexandria, VA 22307- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Melissa Hutts 3224 Stanford Dallas, TX 75225- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Baron & Budd Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Christopher R. Johnson 3450 Girard Avenue South Minneapolis, MN 55408- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer USB/Piper Jaffray Occupation Investment Executive Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/10/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Lois G. Johnson 136 Groveland Terrace Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Michelle A. Johnson 12 Danville Lane Coto de Caza, CA 92679- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Mitchell D. Johnson 136 Groveland Terrace Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Rachel E. Johnson 11458 Aspen Way Minnetonka, MN 55305- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Music Land Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Randall L. Johnson 1225 LaSalle Avenue, #1603 Minneapolis, MN 55402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer USB/Piper Jaffray Occupation Investment Executive Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/10/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Scott G. Johnson 12 Danville Lane Coto de Caza, CA 92679- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code David Jones 12915 32nd Avenue North Plymouth, MN 55441- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Hubbard Broadcasting Occupation General Counsel Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/18/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code E. Stewart Jones 28 Second Street Troy, NY 12181- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer E. Stewart Jones Firm Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/28/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Terrence Joy 16613 Elm Drive Minnetonka, MN 55345- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Wanda Joy 16613 Elm Drive Minnetonka, MN 55345- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Brent Kaplan 392 Broadland Road, NW Atlanta, GA 30342- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/26/1999 Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Elliot S. Kaplan 5805 Vernon Lane Edina, MN 55436- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999 Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Eloise Kaplan 5805 Vernon Lane Edina, MN 55436- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/01/1999 Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Terri Kaplan 392 Broadland Road, NW Atlanta, GA 30342- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/26/1999 Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Marlene C. Kayser 466 South Mississippi River Boulevard Saint Paul, MN 55105- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/21/1999 Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Thomas C. Kayer 466 South Mississippi River Boulevard Saint Paul, MN 55105- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/21/1999 Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Julie Keegan 726 Augusta Street Oak Park, IL 60302- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999 Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

2002090402

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Thomas Keegan 726 Augusta Street Oak Park, IL 60302- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Kristen A. Keirsey 3457 Wynnton Drive, NE Atlanta, GA 30319-1947 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Marianne Klein 413 Vista Verde Way Bakersfield, CA 93309- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Anthony J. Klein Corporation Occupation Corporation Secretary Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 12/28/1999	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and Zip Code Sue Kline 2542 Burnham Road Minneapolis, MN 55416- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Robert Kugler 3675 Williamsburg Parkway Woodbury, MN 55129- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/01/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Laura M. LaConte 6 Wilson Lane Acton, MA 01720- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/02/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Mark LaConte 6 Wilson Lane Acton, MA 01720- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/02/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6500.00

TOTAL This Period (last page this line number only)

2000090403

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ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Patricia L. Layton, Ph.D. 1320 South Tyrol Trail Golden Valley, MN 55416- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Park Psychotherapy & Cons. Occupation Psychologist Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/26/1999 Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Elizabeth LeMire 645 Parkwood Circle Vadnais Heights, MN 55127- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Macalester College Occupation Associate Professor Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999 Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Charles O. Lentz 127 W. Delos Street Saint Paul, MN 55107- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999 Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Diane I. Love 3 Deer Run Wayland, MA 01778- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/19/1999 Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code John N. Love 3 Deer Run Wayland, MA 01778- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/19/1999 Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code David J. Lubben 11126 Eastwood Avenue, SE Delano, MN 55328- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer UnitedHealth Group Occupation General Counsel Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 12/22/1999 Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and Zip Code Martin Lueck 2956 Northview Road Minnetonka Beach, MN 55361- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/01/1999 Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Timothy G. Lynch 122 Parke Avenue Squantum, MA 02171- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney	Date (month, day, year) 10/25/1999	Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1000.00
B. Full Name, Mailing Address and Zip Code Harvey B. Mackay 2100 Elm Street, SE Minneapolis, MN 55414- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Mackay Envelope Corporation Occupation CEO	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1000.00
C. Full Name, Mailing Address and Zip Code Eric O. Madson 16705 22nd Avenue North Plymouth, MN 55447- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney	Date (month, day, year) 11/02/1999	Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1000.00
D. Full Name, Mailing Address and Zip Code Meg H. Madson 16705 22nd Avenue North Plymouth, MN 55447- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Unemployed Occupation Minister	Date (month, day, year) 12/20/1999	Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1000.00
E. Full Name, Mailing Address and Zip Code Olive Maloney 6607 Laurel Hill San Antonio, TX 78229- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1000.00
F. Full Name, Mailing Address and Zip Code Pat Maloney 6607 Laurel Hill San Antonio, TX 78229- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Law Offices of Pat Maloney Occupation Attorney	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1000.00
G. Full Name, Mailing Address and Zip Code Mark S. Mandell One Park Row Providence, RI 02903- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Mandell Schwartz & Boisclair Occupation Attorney	Date (month, day, year) 12/20/1999	Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

20020090405

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Judy A. Mandile 300 Narcissus Lane Plymouth, MN 55447- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Express Solution Occupation Comptroller Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/30/1999 Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Patrick A. Mandile 300 Narcissus Lane Plymouth, MN 55447- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Chief Operating Officer Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/30/1999 Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code William H. Manning 463 Mount Curve Boulevard Saint Paul, MN 55105- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/30/1999 Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code F. Gerald Maples PO Drawer 1368 Pascagoula, MS 39567- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Maples & Lomax Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/21/1999 Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Siri Marshall 3610 S. Marshall Wayzata, MN 55391- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer General Mills Occupation General Counsel Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999 Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Richard Martinez 4437 Avondale Street Minnetonka, MN 55345- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/14/1999 Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code John R. McDonald 1696 Pinehurst Avenue Saint Paul, MN 55116- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/30/1999 Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

20020090406

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Nadine McGuire 315 Woodhill Road Wayzata, MN 55391- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and Zip Code William W. McGuire 315 Woodhill Road Wayzata, MN 55391- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer UnitedHealth Group Occupation CEO Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Kathleen Tynan McLaughlin 1225 Eye Street, N.W., Suite 350 Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Downey McGrath Group, Inc. Occupation COO Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Emmett J. McMahon 4815 Juneau Lane North Plymouth, MN 55446- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/03/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Kathleen E. McMahon 4815 Juneau Lane North Plymouth, MN 55446- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/03/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Amy M. Melchert 9572 Windflower Place North Champlin, MN 55316- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Legal Assistant Aggregate Year-to-Date -> \$300.00	Date (month, day, year) 12/28/1999	Amount of Each Receipt this Period \$300.00
G. Full Name, Mailing Address and Zip Code Diane B. Mesirow 4970 Sentinel Drive Bethesda, MD 20816- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Artist Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$5800.00

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Harold E. Mesirow 1801 K Street, NW, #1200 Washington, DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Chris Messerly 317 Timberline Trail Vadnais Heights, MN 55127- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/26/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Ruth A. Mickelsen 463 Mount Curve Boulevard Saint Paul, MN 55105- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/30/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Richard J. Migliori, MD 3091 Farview Lane Orono, MN 55358- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer UnitedHealth Group Occupation Senior Vice President Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and Zip Code Alan R. Miller 250 Beacon Street Boston, MA 02116- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Patricia Miller 250 Beacon Street Boston, MA 02116- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/08/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Thomas A. Miller 13 Burriana San Clemente, CA 92672- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code David L. Mitchell 5011 Bruce Avenue Edina, MN 55424- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Kathleen A. Moccio 115 Valleyview Place Minneapolis, MN 55419- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Dorsey & Whitney Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/21/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Vincent J. Moccio 115 Valleyview Place Minneapolis, MN 55419- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/21/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Christine Montague 180 South Lakeview Lane Wayzata, MN 55391- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Minnesota School District 284 Occupation Teacher Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/27/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Robert T. Montague 180 South Lakeview Lane Wayzata, MN 55391- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/27/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Mary M. Montgomery 1800 South Ocean Boulevard Palm Beach, FL 33480- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Robert M. Montgomery PO Drawer 3086 West Palm Beach, FL 33402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Montgomery & Larmoyeaux Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Judith L. Moore 1133 Fifth Avenue New York, NY 10128- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Kramer Dillof Tessel et al Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/21/1999 Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Thomas A. Moore 1133 Fifth Avenue New York, NY 10128- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Kramer Dillof Tessel et al Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/21/1999 Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code John L. Morgan 2730 Woolsey Lane Woodland, MN 55391- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Rush River Group Occupation Executive Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/03/1999 Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code John M. Morrison 5500 Wayzata Boulevard, Suite 145 Golden Valley, MN 55416- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Central Financial Services Occupation Chairman Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/30/1999 Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Sara E. Moss 325 Central Park West New York, NY 10025- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Pitney Bowes Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/31/1999 Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Mallory Mullins 2956 Northview Road Minnetonka Beach, MN 55361- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/01/1999 Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Wililam A. Munsell 2119 Windsong Circle Wayzata, MN 55391- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer UnitedHealth Care Occupation Chief Administrative Officer Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/22/1999 Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$6250.00

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2003090470

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Elizabeth K. Nance 150 Poinciana Drive Indiana Harbour Beac, FL 32935- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/28/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code James H. Nance 525 N. Harbor City Boulevard Melbourne, FL 32935- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Nance Cacciatore et al Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/28/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Barbara Wachter Needle 11434 Hollowstone Drive North Bethesda, MD 20852- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Richard Nettler 3811 Grosvenor Drive Ellicott City, MD 21042- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Richard Niemiec 4239 Harriet Avenue South Minneapolis, MN 55409- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Blue Cross Blue Shield Occupation Senior Vice President Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and Zip Code Richard Nigon 5908 Bradbury Court Inver Grove Heights, MN 55076- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation CFO Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and Zip Code Daniel O'Fallon 1089 Jessie Street Saint Paul, MN 55101- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6000.00

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20030090471

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Jack H. Olender 2500 Virginia Avenue, NW Washington, DC 20037- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Jack H. Olender & Associates Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/28/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Lovell R. Olender 2500 Virginia Avenue, NW Washington, DC 20037- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/28/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code John Peter Olinger 1244 Duncan Place, NE Washington, DC 20002- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Downey McGrath Group, Inc. Occupation Vice President Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Howard Orenstein 1726 Stanford Avenue Saint Paul, MN 55105- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/01/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code David E. Oslund 41 E. Minnehaha Parkway Minneapolis, MN 55419- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/19/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Deborah J. Palmer 1787 Colfax Avenue South Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Eugene I. Pavalon 1540 N. Lake Shore Drive Chicago, IL 60610- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Pavalon Gifford Lattsch et al Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/15/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Janice Pennington 5531 Mercedes Avenue Dallas, TX 75206- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Baron & Budd Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999 Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Peter Perlman 388 S. Boradway Lexington, KY 40508- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Law Offices of Peter Perlman Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/20/1999 Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Mary Perry 2404 Cromwell Drive Minneapolis, MN 55410- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Tartan High School Occupation Teacher Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999 Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Kathleen Flynn Peterson 6513 Stauder Circle Edina, MN 55436- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/19/1999 Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Steven R. Peterson 6513 Stauder Circle Edina, MN 55436- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Unemployed Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/19/1999 Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Philip A. Pfaffly 10095 Indigo Trail North White Bear Lake, MN 55115- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 12/22/1999 Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and Zip Code Sara A. Poulos 1200 Bayard Avenue Saint Paul, MN 55116- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999 Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6500.00

TOTAL This Period (last page this line number only)

200200904/3

SCHEDULE A

ITEMIZED RECEIPTS

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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)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code William G. Poulos 1200 Bayard Avenue Saint Paul, MN 55116- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Marketing Consultant Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/02/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Lois Quam 1522 Hague Avenue Saint Paul, MN 55104- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Ovations Occupation Chief Executive Officer Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and Zip Code Daniel Ragland 5011 Staverly Lane Norcross, GA 30092- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/15/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Deborah Reed 94 Channing Road Concord, MA 01742- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Educational Consultant Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code William E. Reed, III 94 Channing Road Concord, MA 01742- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Brent Reichert 2800 LaSalle Plaza Minneapolis, MN 55402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Sandra Reichert 2800 LaSalle Plaza Minneapolis, MN 55402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6250.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Lewis A. Remele, Jr. 2512 W. Lake of the Isles Parkway Minneapolis, MN 55405- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Bassford Lockhardt et al Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/27/1999 Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Ernest I. Reveal 5 Carmel Valley Coto de Caza, CA 92679- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/28/1999 Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Katherine T. Reveal 5 Carmel Valley Coto de Caza, CA 92679- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/28/1999 Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Kenneth L. Rich 187 Colfax Avenue South Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/18/1999 Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Jeannine M. Rivet 4305 Trillium Way Minnestrista, MN 55384- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer UnitedHealth Care Occupation CEO Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 12/22/1999 Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and Zip Code Channing Robertson 1089 Vernier Place Stanford, CA 94305- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Stanford University Occupation Professor Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/13/1999 Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Anne M. Rosenberg 26 Greenway Gables Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/21/1999 Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6500.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Brent M. Rosenthal 6617 Lakewood Boulevard Dallas, TX 75214- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Baron & Budd Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code William A. Rossbach 1533 Jackson, Box 8988 Missoula, MT 59807- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Rossbach Brennan, P.C. Occupation Attorney Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and Zip Code Steven M. Rubin 150 South Fifth Street, Suite 2300 Minneapolis, MN 55402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Leonard Street & Deinard Occupation Attorney Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and Zip Code Dianne McInnis Safley 6715 Parkwood Lane Edina, MN 55436- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/18/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code James R. Safley 2800 LaSalle Plaza Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Marvin Scherzer 222 South 9th Street, #3000 Minneapolis, MN 55402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Divine Scherzer & Brody Occupation CPA Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Peter Schmit 1345 Meadow Avenue Shoreview, MN 55126- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$5000.00

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Allan L. Schuman 9549 Olympia Drive Eden Prairie, MN 55347- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer ECOLAB Occupation President and CEO Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/21/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Allan L. Schuman 9549 Olympia Drive Eden Prairie, MN 55347- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer ECOLAB Occupation President and CEO Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/21/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Judith Schumeister 5701 Continental Drive Edina, MN 55436- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Steven Schumeister 5701 Continental Drive Edina, MN 55436- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Janet J. Schutz 4935 Yuma Court North Plymouth, MN 55446- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Wayzata School Board Occupation School Board Member Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/29/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Ronald J. Schutz 4935 Yuma Court North Plymouth, MN 55446- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/29/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Victor E. Schwartz 307 Yoakum Parkway, #1823 Alexandria, VA 22304- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Crowell & Moring Occupation Attorney Aggregate Year-to-Date -> \$200.00	Date (month, day, year) 12/28/1999	Amount of Each Receipt this Period \$200.00

SUBTOTAL of Receipts This Page (optional)

\$6200.00

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code James R. Seidl 708 First Street North, #632 Minneapolis, MN 55401- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Legal Research Center Occupation President Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and Zip Code Mark Senak 306 Taylor Avenue Glen Ellyn, IL 60137- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and Zip Code Kevin Shaw 1826-G S. Michigan Avenue Chicago, IL 60616- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and Zip Code Lee Sheehy 2400 Thomas Lane Minneapolis, MN 55405- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Public Radio International Occupation Attorney Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 10/14/1999	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and Zip Code Robert J. Sheehy 7740 Marth Court Edina, MN 55439- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer UnitedHealth Care Occupation President and COO Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and Zip Code Patrick E. Shipstead 31142 Via Colinas Coto de Caza, CA 92679- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/03/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Susan G. Shipstead 31142 Via Colinas Coto de Caza, CA 92679- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer California State University Occupation Lecturer Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/03/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$4250.00

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Phil Sieff 4000 Sunset Boulevard St. Louis Park, MN 55416- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 12/15/1999	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and Zip Code Roman Silberfeld 2539 Benedict Canyon Drive Beverly Hills, CA 90210- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Jay L. Silverstein 1325 Mt. Curve Avenue Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer UnitedHealth Group Occupation Marketing Director Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and Zip Code Diane L. Simerson 1205 Summit Avenue Saint Paul, MN 55105- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Peter W. Sipkins 220 South 6th Street Minneapolis, MN 55402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Dorsey & Whitney Occupation Attorney Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/31/1999	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and Zip Code Mary E. Skelnik 7304 Bryers Circle Plano, TX 75025- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Baron & Budd Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Mark Sledge 1855 Lakeland Drive, Suite N-10 Jackson, MS 39216- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Grenfell Sledge & Stevens Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$5000.00

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Mark Sledge 1855 Lakeland Drive, Suite N-10 Jackson, MS 39216- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Grenfell Sledge & Stevens Occupation Attorney Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/14/1999 Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Todd Smith 35 W. Wacker Drive, Suite 3700 Chicago, IL 60601- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Power Rogers & Smith Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/20/1999 Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code H. Russell Smouse 614 Meadow Ridge Road Towson, MD 21204- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Office of Peter Angelos Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999 Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Kathy J. Snyder 880 11th Street Manhattan Beach, CA 90266- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Hair Stylist Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999 Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code J. Kevin Snyder 880 11th Street Manhattan Beach, CA 90266- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999 Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Sally S. Spector 1717 Logan Avenue South Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date -> \$200.00	Date (month, day, year) 12/17/1999 Amount of Each Receipt this Period \$200.00
G. Full Name, Mailing Address and Zip Code William H. Stanhope 3457 Wynnton Drive, NE Atlanta, GA 30319-1947 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999 Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6200.00

TOTAL This Period (last page this line number only)

20030090430

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Katie M. Steinbauer 5915 Christmas Lake Road Excelsior, MN 55331- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Holcomb Greene & Fisher Occupation Analyst Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/21/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Gwynne Steiner 36 Gideons Point Road Tonka Bay, MN 55331- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code James Steiner 36 Gideons Point Road Tonka Bay, MN 55331- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Larry Stewart 1 SE 3rd Avenue, Suite 3000 Miami, FL 33131- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Stewart Tilghman Fox & Bianchi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Brenda Stirewalt Box 416 Deerwood, MN 56444- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Office Administrator Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Brenda Stirewalt Box 416 Deerwood, MN 56444- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Office Administrator Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Jeffrey Stirewalt PO Box 416 Deerwood, MN 56444- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Litigation Consultant Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Jeffrey Stirewalt PO Box 416 Deerwood, MN 56444- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Litigation Consultant Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Richard Stirewalt PO Box 416 Deerwood, MN 56444- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Court Reporter Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Richard Stirewalt PO Box 416 Deerwood, MN 56444- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Court Reporter Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Thomas Strong 3967 Eaglescliffe Drive Springfield, MO 65809- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer The Strong Law Firm Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/16/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Lee N. Styles 1433 Hague, S.W. Drive Leesburg, VA 20175- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/21/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Christopher P. Sullivan 4 Button Cove Road Hingham, MA 02043- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/19/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Elizabeth Ann Sullivan 4 Button Cove Road Hingham, MA 02043- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Thayer Academy Occupation High School Counselor Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/28/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Tara D. Sutton 4437 Avondale Street Minnetonka, MN 55345- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Gregory Swinehart 4608 Dupont Avenue South Minneapolis, MN 55409- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Deloitte & Touche, LLP Occupation Accountant Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/22/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Kathleen M. Sykes 6 Old Coach Road Sudbury, MA 01776- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Tracy A. Sykes 6 Old Coach Road Sudbury, MA 01776- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Robert G. Taylor 1 Allen Center 3400 Penthouse Houston, TX 77002- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Taylor & Cire Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Robert G. Taylor 1 Allen Center 3400 Penthouse Houston, TX 77002- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Taylor & Cire Occupation Attorney Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Dirk D. Thomas 12608 Bridgeton Drive Potomac, MD 20854- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Randall Tietjen 1201 Yale Place, #511 Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Kathryn Timm 1089 Jessie Street Saint Paul, MN 55101- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Anoka County Attorney's Office Occupation Assistant County Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Howard F. Twiggs PO Box 30 Raleigh, NC 27602- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Twiggs Abrams Strickland et al Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Howard F. Twiggs PO Box 30 Raleigh, NC 27602- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Twiggs Abrams Strickland et al Occupation Attorney Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/14/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Thomas Undlin 4626 Bruce Avenue Edina, MN 55424- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/27/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code John Ursu 2508 W. Lake of the Isles Parkway Minneapolis, MN 55405- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer 3 M Occupation General Counsel Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 12/10/1999	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and Zip Code David Veis 16569 Via Floresta Pacific Palisades, CA 90272- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6500.00

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Susan Veis 16569 Via Floresta Pacific Palisades, CA 90272- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Terry L. Wade 955 Lawnview Avenue Shoreview, MN 55126- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Robert B. Walburn 1942 Dupont Avenue South Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/20/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Joe Walters 510 Groveland, #404 Minneapolis, MN 55403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer O'Connor & Hannan Occupation Attorney Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 10/21/1999	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and Zip Code Gail Webster 16643 Jackpine Trail Lakeville, MN 55044- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Edina Realty Occupation Realtor Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code William Webster 16643 Jackpine Trail Lakeville, MN 55044- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Lantz Welch City Center Square, 29th Floor Kansas City, MO 64105- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Lantz Welch, PC Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6500.00

TOTAL This Period (last page this line number only)

20030090435

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Laura Welch 10000 NW 75th Street Kansas City, MO 64152- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Lantz Welch Charitable End Occupation President Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Holly A. Williams 3250 Crestwood Drive Laguna Beach, CA 92651- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Carolyn S. Wilsin 951 Peachtree Battle Circle, NW Atlanta, GA 30327-1321 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Womble Carlyle et al Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Gary L. Wilson 3321 Huntington Avenue St. Louis Park, MN 55416- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/16/1999	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Linda Wilson 3321 Huntington Avenue St. Louis Park, MN 55416- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/16/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Rhys R. Wilson 951 Peachtree Battle Circle, NW Atlanta, GA 30327-1321 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/22/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Martha K. Wivell 6405 Biscayne Boulevard Edina, MN 55436- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/18/1999	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$7000.00

TOTAL This Period (last page this line number only)

20030090435

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code William T. Wivell 6405 Biscayne Boulevard Edina, MN 55436- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Delectable Mountain Quilts Occupation Self-employed Aggregate Year-to-Date ->	Date (month, day, year) 10/18/1999 \$1000.00	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Steven D. Wolens PO Box 223562 Dallas, TX 75222- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Baron & Budd Occupation Attorney Aggregate Year-to-Date ->	Date (month, day, year) 12/22/1999 \$1000.00	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Matthew L. Woods 6672 Brenden Court Chanhassen, MN 55317- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date ->	Date (month, day, year) 10/22/1999 \$1000.00	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$3000.00

TOTAL This Period (last page this line number only)

\$302650.00

2000090437

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code ATLA PAC 1050 31st Street, NW Washington, DC 20007- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 12/13/1999 \$5000.00	Amount of Each Receipt this Period \$5000.00
B. Full Name, Mailing Address and Zip Code BM & OH-Electo PAC 1400 Franklin Plaza 111 Congress Avenue Austin, TX 78701- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 12/30/1999 \$1000.00	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Robins Kaplan Miller & Ciresi PAC 1801 K Street, NW, Suite 1200 Washington, DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 12/20/1999 \$5000.00	Amount of Each Receipt this Period \$5000.00
D. Full Name, Mailing Address and Zip Code Robins Kaplan Miller & Ciresi PAC 1801 K Street, NW, Suite 1200 Washington, DC 20006- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 12/20/1999 \$10000.00	Amount of Each Receipt this Period \$5000.00
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$16000.00

TOTAL This Period (last page this line number only)

\$16000.00

20020090438

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Purpose of Disbursement Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/01/1999	Amount of Each Disbursement This Period \$16000.00
B. Full Name, Mailing Address and Zip Code Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Purpose of Disbursement Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/21/1999	Amount of Each Disbursement This Period \$1311.80
C. Full Name, Mailing Address and Zip Code Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Purpose of Disbursement Consulting Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/26/1999	Amount of Each Disbursement This Period \$10000.00
D. Full Name, Mailing Address and Zip Code Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Purpose of Disbursement Consultant fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/08/1999	Amount of Each Disbursement This Period \$20000.00
E. Full Name, Mailing Address and Zip Code Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Purpose of Disbursement Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/08/1999	Amount of Each Disbursement This Period \$2071.00
F. Full Name, Mailing Address and Zip Code Best Buy 1555 Queen's Drive Woodbury, MN 55125-	Purpose of Disbursement Office Equipment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/07/1999	Amount of Each Disbursement This Period \$3058.51
G. Full Name, Mailing Address and Zip Code Alana Christensen 3130 Mondamin Street Minneapolis, MN 55417-	Purpose of Disbursement Supply & Equipment Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/09/1999	Amount of Each Disbursement This Period \$887.46

SUBTOTAL of Disbursements This Page (optional)

\$53328.77

TOTAL This Period (last page this line number only)

2000090439

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Jeremy Martinez 3855 147th Street West Rosemount, MN 55068-	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/14/1999	Amount of Each Disbursement This Period \$500.00
B. Full Name, Mailing Address and Zip Code November Group, Inc. 4932 Freemont Avenue South Minneapolis, MN 55409-	Purpose of Disbursement Consultant Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/02/1999	Amount of Each Disbursement This Period \$5000.00
C. Full Name, Mailing Address and Zip Code November Group, Inc. 4932 Freemont Avenue South Minneapolis, MN 55409-	Purpose of Disbursement Consultant Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/31/1999	Amount of Each Disbursement This Period \$5000.00
D. Full Name, Mailing Address and Zip Code Electronic Office Equipment 150 Eaton Street Saint Paul, MN 55107-	Purpose of Disbursement Office Furniture Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/30/1999	Amount of Each Disbursement This Period \$250.00
E. Full Name, Mailing Address and Zip Code Electronic Office Equipment 150 Eaton Street Saint Paul, MN 55107-	Purpose of Disbursement Office Furniture Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/08/1999	Amount of Each Disbursement This Period \$250.00
F. Full Name, Mailing Address and Zip Code Postmaster 40 Arlington Avenue East Saint Paul, MN 55103-	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/16/1999	Amount of Each Disbursement This Period \$660.00
G. Full Name, Mailing Address and Zip Code Postmaster 40 Arlington Avenue East Saint Paul, MN 55103-	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/15/1999	Amount of Each Disbursement This Period \$500.00

SUBTOTAL of Disbursements This Page (optional)

\$12160.00

TOTAL This Period (last page this line number only)

2003090490

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 3 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

A. Full Name, Mailing Address and Zip Code Jeans Property Management 948 Rice Street Saint Paul, MN 55117-	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/08/1999	Amount of Each Disbursement This Period \$2200.00
B. Full Name, Mailing Address and Zip Code Jeans Property Management 948 Rice Street Saint Paul, MN 55117-	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/01/1999	Amount of Each Disbursement This Period \$2200.00
C. Full Name, Mailing Address and Zip Code U. S. West P. O. Box 1301 Minneapolis, MN 55483-	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/10/1999	Amount of Each Disbursement This Period \$1036.15
D. Full Name, Mailing Address and Zip Code 	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and Zip Code 	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code 	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code 	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$5436.15

TOTAL This Period (last page this line number only)

\$70924.92

2003090491

United States Senate

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