

DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEG Form 3)

Name of Committee (In Full) Minge for Congress	Report Covering the Period From: 07/01/2000 To: 08/23/2000	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	16200.00	
(ii) Unitemized	18580.00	
(iii) Total of contributions from individuals	34790.00	109472.50
(b) Political Party Committees	24.64	631.20
(c) Other Political Committees (such as PACs)	14750.00	104700.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	49564.64	214803.70
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	224.89
15. OTHER RECEIPTS (Dividends, Interest, etc.)	809.62	5477.06
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	50374.28	220505.65
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	69244.72	145284.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	10000.00
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	200.00
(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	200.00
21. OTHER DISBURSEMENTS	1300.00	1810.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	69544.72	157394.97
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		271350.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		50374.28
25. SUBTOTAL (add Line 23 and Line 24)		321725.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		69544.72
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		252180.36

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 27
			FOR LINE NUMBER 11C

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)
Minge for Congress

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ACRE: Action Comm/Rural Elect- rification 4301 Wilson Blvd Arlington VA 22203-1861		08/08/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation		
		Aggregate Year-to-Date > \$ 500.00	
American Hospital Ass'n PAC Liberty Place Suite 700 325 Seventh St NW Washington DC 20004-2802		08/22/2000	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation		
		Aggregate Year-to-Date > \$ 1000.00	
American Optometric Ass'n (AO- A-PAC) 1505 Prince St Suite 300 Alexandria VA 22314		08/03/2000	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation		
		Aggregate Year-to-Date > \$ 1000.00	
Caterpillar PAC 818 Connecticut Ave Ste 800 Washington DC 20006-		07/31/2000	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation		
		Aggregate Year-to-Date > \$ 1500.00	
Credit Union Nat'l Ass'n Legi- s. Action 805 15Th St NW Ste 300 Washington DC 20005-2207		08/18/2000	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation		
		Aggregate Year-to-Date > \$ 1000.00	
Friends Of Rosa DeLauro 49 Huntington St New Haven CT 06511-		08/07/2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation		
		Aggregate Year-to-Date > \$ 1000.00	
Direct Marketing Ass'n (DMAPA- C) 1111 - 18th St NW Suite 1100 Washington DC 20036-3603		08/15/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation		
		Aggregate Year-to-Date > \$ 500.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 27
			FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)
Minge for Congress

Full Name, Mailing Address, and ZIP Code Dorsey National Fund 220 S 6Th St Minneapolis MN 55402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 500.00
	Occupation		
	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code Fed. of Am. Health Systems(FE-DPAC) 801 Pennsylvania Ave NW Ste245 Washington DC 20004-2804 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 08/03/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Holand & Knight PAC 2100 Penn Ave NW Ste 400 Washington DC 20037-3202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 500.00
	Occupation		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Land O'Lakes Inc. PAC Box 64101 Saint Paul MN 55164-0101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 500.00
	Occupation		
	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code Lindquist & Vennum PAC 4200 IDS Center 80 So 8th St Minneapolis MN 55402- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 07/12/2000	Amount of Each Receipt this Period 250.00
	Occupation		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code NACDS PAC Nat'l Assoc. of Chain Drug Stores 413 N Lee St P O Box 1417-D49 Alexandria VA 22315-1480 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 500.00
	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Nat'l Assoc of Social Workers (PACE PAC) 750 15I St NE Ste #700 Washington DC 20002- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 500.00
	Occupation Chair		
	Aggregate Year-to-Date > \$ 500.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		5 / 27
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
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) Minge for Congress				
Full Name, Mailing Address, and ZIP Code Nat'l Automobile Dealers Ass'n PAC Dealers Election Action Committee 8400 Westpark Drive McLean VA 22102-	Name of Employer	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > \$ 3000.00				
Full Name, Mailing Address, and ZIP Code Nat'l Committee to Preserve SS/Medicare 10 G St NE Suite #900 Washington DC 20002-4215	Name of Employer	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > \$ 1000.00				
Full Name, Mailing Address, and ZIP Code Nat'l Emergency Medicine PAC of the Am College/Emergency Physic P O Box 618811 Dallas TX 75261-8811	Name of Employer	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > \$ 2000.00				
Full Name, Mailing Address, and ZIP Code Wells Fargo Employee PAC Norwest Center 6Th&Marquette Minneapolis MN 55479-1032	Name of Employer	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > \$ 2000.00				
Full Name, Mailing Address, and ZIP Code Southern MN Sugar Cooperative PAC P O Box 500 Renville MN 56264-	Name of Employer	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > \$ 2500.00				
Full Name, Mailing Address, and ZIP Code Southern MN Sugar Cooperative PAC P O Box 500 Renville MN 56264-	Name of Employer	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > \$ 3000.00				
Full Name, Mailing Address, and ZIP Code Viad Corp Good Government Pro- ject 1850 N Central Ave Phoenix AZ 85077-2340	Name of Employer	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > \$ 500.00				
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				14750.00

SCHEDULE A		ITEMIZED RECEIPTS		6 / 27
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
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NAME OF COMMITTEE (In Full) Minge for Congress				
Full Name, Mailing Address, and ZIP Code C. David Anderson 1375 Linda Vista Ave Pasadena CA 91103-2347	Name of Employer Tuttle & Taylor Occupation Attorney	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Wendell R Anderson 720 Baker Building Minneapolis MN 55402-	Name of Employer Self Occupation Attorney	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Constance B Beilie 2851 E Lake of the Isles Pkwy Minneapolis MN 55408-	Name of Employer Central MN Legal Svc Occupation Lawyer	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Francis L Buschette 77040 - 240th St Renville MN 56284-	Name of Employer Buschette Farms Occupation Farming	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Charles H Clay 8216 Norman Creek Trail Bloomington MN 55437-3914	Name of Employer Head - Seifert - ETAL Occupation Attorney	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code David L Copham 2222 Wooddale Dr Mounds View MN 55112-	Name of Employer Liberty Check Printers Occupation Founder & Chairman	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Robert R Cunningham 602 Levee Blvd Saint James MN 56081-1312	Name of Employer Cunningham Implement Occupation John Deere Dealer	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00			
SUBTOTALS of Receipts This Page (Optional)				
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NAME OF COMMITTEE (In Full) Minge for Congress				
Full Name, Mailing Address, and ZIP Code James J Dalley 101 E Hickory 3 Civic Center Plaza 400 Mankato MN 56001-7791	Name of Employer Self	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 400.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Bruce B Dayton 900 Old Long Lake Rd Wayzata MN 55391-	Name of Employer None	Date (month, day, year) 07/26/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Charles M Denny Jr 3200 W Calhoun Pkwy No.501 Minneapolis MN 55416-	Name of Employer None	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Karen J Erickson 27930 Smithtown Rd Shorewood MN 55331-	Name of Employer None	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Homemaker	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Anthony J Fant 2154 Highland Ave Birmingham AL 35205-	Name of Employer HEI Inc	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation CEO	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Richard N Flint 1405 County Rd 6 Long Lake MN 55356-	Name of Employer Gray-Plant-Mooty-ETAL	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Jack M Fribley 5504 Inquels Trail Minneapolis MN 55439-	Name of Employer Faegre & Benson	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00		
SUBTOTALS of Receipts This Page (Optional)				
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SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	8 / 27
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NAME OF COMMITTEE (In Full)
Minge for Congress

Full Name, Mailing Address, and ZIP Code Gerald H Friedel 1500 Northwestern Financial Center 7900 Xenex Ave S Bloomington MN 55431-	Name of Employer Leitch -Hoffman Law Firm Occupation Attorney	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mark J Hanson 322 McCarrons Blvd N Roseville MN 55113-	Name of Employer Lindquist & Venrum Occupation Attorney	Date (month, day, year) 07/12/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Phyllis Harvin 10420 - 38th Avenue N Plymouth MN 55441-	Name of Employer U S West Occupation Public Relations	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Phyllis Harvin 10420 - 38th Avenue N Plymouth MN 55441-	Name of Employer U S West Occupation Public Relations	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 450.00		
Full Name, Mailing Address, and ZIP Code Stanley E Hubbard 1485 Riviera Ave S Lakeland MN 55043-	Name of Employer Hubbard Broadcasting Occupation President & CEO	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code B.J. Justice Kamp 706 S Ramsey Redwood Falls MN 56283-	Name of Employer Self Occupation Business Consultant	Date (month, day, year) 08/03/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Peter Jay Kladrovski 1012 W Minnehaha Pkwy Minneapolis MN 55419-	Name of Employer Wells Fargo & Co Occupation Financial Advisor	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

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NAME OF COMMITTEE (In Full)
Minge for Congress

Full Name, Mailing Address, and ZIP Code David Kolrud RR 1 Box 58 Beaver Creek MN 56116- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Farmer Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code A. Scheffer Lang 12 Crocus Hill St. Paul MN 55102-2809 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer None Occupation Retired Engineer Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Robert A Larler 10785 Dalton Ave NE Monticello MN 55362- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glencoe Health Center Occupation CRNA Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 07/12/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Robert W Mac Donald 300 Highway 189 S Ste 700 Minneapolis MN 55426- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Allianz LifeUSA Occupation CEO Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Thomas F Madison 6208 Fox Meadow Ln Edina MN 55436- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer MLM Partners Occupation Pres & CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Michael E Meyer 759 - 31st St Manhattan Beach CA 90266- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pillsbury -Madison -ETAL Occupation Attorney Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 300.00
Full Name, Mailing Address, and ZIP Code C. William Minge 3850 York Ave S Minneapolis MN 55410- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ReMax Occupation Realtor Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 100.00

SUBTOTALS of Receipts This Page (Optional)

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NAME OF COMMITTEE (In Full)
Minge for Congress

Full Name, Mailing Address, and ZIP Code Susan K Morsvec 140 Mallard Dr Shakopee MN 55370-	Name of Employer None	Date (month, day, year) 07/26/2000	Amount of Each Receipt this Period 250.00
	Occupation Homemaker/Volunteer		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 450.00			
Full Name, Mailing Address, and ZIP Code Charles A Nelson 612 Russell St NW Willmar MN 56201-	Name of Employer None	Date (month, day, year) 07/16/2000	Amount of Each Receipt this Period 100.00
	Occupation Retired		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Leanna L Norman 408 S 1st St Buffalo MN 55313-1454	Name of Employer None	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 200.00
	Occupation Retired		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Linnea L Peterson 694 - 19th Avenue SE Minneapolis MN 55414-2506	Name of Employer None	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 100.00
	Occupation Homemaker/Volunteer		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 600.00			
Full Name, Mailing Address, and ZIP Code Lloyd H Peterson 16027 Lake Koronis Rd Paynesville MN 56302-	Name of Employer None	Date (month, day, year) 08/09/2000	Amount of Each Receipt this Period 200.00
	Occupation Retired Farmer		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code William R Sieben 1201 Southview Dr Hastings MN 56033-	Name of Employer Schwebel Goetz & Sieben	Date (month, day, year) 07/10/2000	Amount of Each Receipt this Period 500.00
	Occupation Attorney		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Gordon M Spranger 5512 Knoll Dr Edina MN 55436-	Name of Employer Allna	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 250.00
	Occupation CEO		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		11 / 27
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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) Minge for Congress				
Full Name, Mailing Address, and ZIP Code LeRoy Stamer Hector Farms Partnership 43598 County Rd 11 Hector MN 55342-	Name of Employer Self Occupation Farmer Aggregate Year-to-Date > \$ 233.34	Date (month, day, year) 08/03/2000	Amount of Each Receipt this Period 200.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code John F Stapleton 3150 High Point Dr Cheska MN 55318-	Name of Employer Requested by Letter Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/23/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Austin P Sullivan Jr 17830 Co Rd 6 Plymouth MN 55447-	Name of Employer Requested by Letter Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/24/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code James L Vance P O Box 847 Worthington MN 56187-0847	Name of Employer None Occupation Retired Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Irving Weiser Dain Rauscher Plaza 60 S 6Th St Minneapolis MN 55402-4422	Name of Employer Dain Rauscher Occupation Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Mary Wetmore 127 N Grove Redwood Falls MN 56285-	Name of Employer A & W Furniture Inc Occupation Sales Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Robert Wetmore 127 N Grove Redwood Falls MN 56283-	Name of Employer A & W Furniture Inc Occupation President/Owner Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)			16200.00	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	12 / 27
			FOR LINE NUMBER 11B
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NAME OF COMMITTEE (In Full) Minge for Congress			
Full Name, Mailing Address, and ZIP Code Democratic Congressional Campaign Comm. 430 So Capital St Washington DC 20003-	Name of Employer Occupation	Date (month, day, year) 07/05/2000	Amount of Each Receipt This Period 24.64
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 131.20		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			24.64

SCHEDULE A		ITEMIZED RECEIPTS		13 / 27
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 15	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Minge for Congress				
Full Name, Mailing Address, and ZIP Code Yellow Medicine Co Bank 180 - 8th Avenue Granite Falls MN 56241-	Name of Employer Occupation	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 809.62	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date 5 3562.41			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				809.62

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER
17

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NAME OF COMMITTEE (In Full)
Minge for Congress

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A T & T Wireless Services P O Box 8220 Aurora IL 60572-8220	Operating Expenditure Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	07/03/2000	104.21
A T & T Wireless Services P O Box 8220 Aurora IL 60572-8220	Operating Expenditure Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	08/01/2000	103.44
ARI Systems Inc 3600 Kennebec Dr 3B Eagan MN 55122-	Operating Expenditure Polling Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	08/23/2000	3876.00
BevComm 127 W 7th St Blue Earth MN 56013-	Operating Expenditure Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	07/18/2000	23.14
Binder Printing Co 622 Sims Ave St Paul MN 55101-	Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	07/01/2000	2818.38
Binder Printing Co 622 Sims Ave St Paul MN 55101-	Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	08/07/2000	353.10
Boeltcher Carlwright & Assoc. LLC 2308 20th St NW Ste 100 Washington DC 20009-	Operating Expenditure Research Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	07/15/2000	2250.00
Boeltcher Carlwright & Assoc. LLC 2308 20th St NW Ste 100 Washington DC 20009-	Operating Expenditure Research Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	08/07/2000	2000.00
Roy Randal Clay 113 E 2nd St Chaska MN 55318-	Operating Expenditure Office Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	07/15/2000	1150.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	15 / 27 FOR LINE NUMBER 17
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) Minge for Congress			
Full Name, Mailing Address, and ZIP Code Roy Randal Clay 113 E 2nd St Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Office Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 1150.00
Full Name, Mailing Address, and ZIP Code Computer Mgmt Consultants 401 Brandywine Dr Burnsville MN 55337-	Purpose of Disbursement Operating Expenditure Equipment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 742.70
Full Name, Mailing Address, and ZIP Code Farmers Union Insurance 75 Navaho Ave Ste 1 Mankato MN 56001-	Purpose of Disbursement Operating Expenditure Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period 230.00
Full Name, Mailing Address, and ZIP Code Fern & King Communications Inc 2715 M Street NW Washington DC 20007-	Purpose of Disbursement Operating Expenditure Media Contract Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/01/2000	Amount of Each Disbursement This Period 5000.00
Full Name, Mailing Address, and ZIP Code Fern & King Communications Inc 2715 M Street NW Washington DC 20007-	Purpose of Disbursement Operating Expenditure Media Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period 632.96
Full Name, Mailing Address, and ZIP Code Fern & King Communications Inc 2715 M Street NW Washington DC 20007-	Purpose of Disbursement Operating Expenditure Media Contract Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code FOR THE RECORD Photography & Public Affairs Inc 2528 17th St NW Ste 302 Washington DC 20009-	Purpose of Disbursement Operating Expenditure Fax Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/01/2000	Amount of Each Disbursement This Period 52.00
Full Name, Mailing Address, and ZIP Code FOR THE RECORD Photography & Public Affairs Inc 2528 17th St NW Ste 302 Washington DC 20009-	Purpose of Disbursement Operating Expenditure Contract-Fundrais Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/01/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code Chris Gilbert 1450 Howard St Saint Peter MN 56082-	Purpose of Disbursement Operating Expenditure Data Analysis Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 2012.50
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	16 / 27
			FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Minge for Congress

Full Name, Mailing Address, and ZIP Code IRS/Federal Depository Yellow Medicine Bank 160 - 6th Ave Granite Falls MN 56241-	Purpose of Disbursement Operating Expenditure Unemployment Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/24/2000	Amount of Each Disbursement This Period 67.74
Full Name, Mailing Address, and ZIP Code IRS/Federal Depository Yellow Medicine Bank 160 - 6th Ave Granite Falls MN 56241-	Purpose of Disbursement Operating Expenditure Taxes-W/H & Employ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/24/2000	Amount of Each Disbursement This Period 2783.62
Full Name, Mailing Address, and ZIP Code J. L. White Co Inc Welding & Fabrication 6168 W 125th St Savage MN 55376-1038	Purpose of Disbursement Operating Expenditure Sign Sup-plies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Todd R Lee 111 E Main Marshal MN 56258-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/15/2000	Amount of Each Disbursement This Period 92.35
Full Name, Mailing Address, and ZIP Code Todd R Lee 111 E Main Marshal MN 56258-	Purpose of Disbursement Operating Expenditure Reimb: Travel Exps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/15/2000	Amount of Each Disbursement This Period 93.52
Full Name, Mailing Address, and ZIP Code Todd R Lee 111 E Main Marshal MN 56258-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 256.05
Full Name, Mailing Address, and ZIP Code Marco Business Products Inc. P O Box 250 St. Cloud MN 56302-0250	Purpose of Disbursement Operating Expenditure Equipment Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period 53.25
Full Name, Mailing Address, and ZIP Code Marco Business Products Inc. P O Box 250 St. Cloud MN 56302-0250	Purpose of Disbursement Operating Expenditure Equipment Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 53.25
Full Name, Mailing Address, and ZIP Code David Minge R R 4 Box 183 Montevideo MN 56265-	Purpose of Disbursement Operating Expenditure Event Ad-mission Re Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 5.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		17 / 27
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 17
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) Minge for Congress				
Full Name, Mailing Address, and ZIP Code David Minge RR 4 Box 183 Montevideo MN 56265-	Purpose of Disbursement Operating Expenditure Reimb: Travel Expe Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 1216.44	
Full Name, Mailing Address, and ZIP Code Karen Minge RR 4 Box 183 Montevideo MN 56265-8928	Purpose of Disbursement Operating Expenditure Reimb: Supples Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 130.00	
Full Name, Mailing Address, and ZIP Code Karen Minge RR 4 Box 183 Montevideo MN 56265-8928	Purpose of Disbursement Operating Expenditure Reimb: Travel Expe Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 341.96	
Full Name, Mailing Address, and ZIP Code Minneapolis Club Inc 725 S 2nd Ave Minneapolis MN 55402-	Purpose of Disbursement Operating Expenditure Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period 295.00	
Full Name, Mailing Address, and ZIP Code MN Dept of Revenue 600 N Robert St St Paul MN 55101-	Purpose of Disbursement Operating Expenditure Withhold- ing Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 07/24/2000	Amount of Each Disbursement This Period 429.00	
Full Name, Mailing Address, and ZIP Code MN U C Fund 390 N Robert St St Paul MN 55101-	Purpose of Disbursement Operating Expenditure Unemploy- ment Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 07/24/2000	Amount of Each Disbursement This Period 359.86	
Full Name, Mailing Address, and ZIP Code Minnesota Workers Compensation P O Box 1544 Minneapolis MN 55440-1544	Purpose of Disbursement Operating Expenditure Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period 14.00	
Full Name, Mailing Address, and ZIP Code Natl Democratic Club Inc 30 SE Ivy St Washington DC 20003-	Purpose of Disbursement Operating Expenditure Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period 176.75	
Full Name, Mailing Address, and ZIP Code Office Depot 11609 Leona Rd Eden Prairie MN 55344-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 120.49	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		18 / 27
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 17
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) Minge for Congress				
Full Name, Mailing Address, and ZIP Code Kathleen S Pass 1040 S Apper St Shakopee MN 55379-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/01/2000	Amount of Each Disbursement This Period 637.21	
Full Name, Mailing Address, and ZIP Code Kathleen S Pass 1040 S Apper St Shakopee MN 55379-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/15/2000	Amount of Each Disbursement This Period 637.21	
Full Name, Mailing Address, and ZIP Code Kathleen S Pass 1040 S Apper St Shakopee MN 55379-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 637.21	
Full Name, Mailing Address, and ZIP Code Kathleen S Pass 1040 S Apper St Shakopee MN 55379-	Purpose of Disbursement Operating Expenditure Reimb: Travel Expe Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 244.44	
Full Name, Mailing Address, and ZIP Code Kathleen S Pass 1040 S Apper St Shakopee MN 55379-	Purpose of Disbursement Operating Expenditure Reimb: Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 2.00	
Full Name, Mailing Address, and ZIP Code Kathleen S Pass 1040 S Apper St Shakopee MN 55379-	Purpose of Disbursement Operating Expenditure Health Plan Reimb Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 97.50	
Full Name, Mailing Address, and ZIP Code Kathleen S Pass 1040 S Apper St Shakopee MN 55379-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 637.21	
Full Name, Mailing Address, and ZIP Code Kathleen S Pass 1040 S Apper St Shakopee MN 55379-	Purpose of Disbursement Operating Expenditure Reimb: Travel Expe Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 93.57	
Full Name, Mailing Address, and ZIP Code Kathleen S Pass 1040 S Apper St Shakopee MN 55379-	Purpose of Disbursement Operating Expenditure Health Plan Reimb Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 45.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	19 / 27
			FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Minge for Congress

Full Name, Mailing Address, and ZIP Code Postmaster 300 N Pine St Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 07/11/2000	Amount of Each Disbursement This Period 165.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Postmaster 300 N Pine St Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 07/20/2000	Amount of Each Disbursement This Period 107.81
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Postmaster 300 N Pine St Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 198.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Postmaster 300 N Pine St Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 08/11/2000	Amount of Each Disbursement This Period 115.75
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Postmaster 300 N Pine St Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 08/14/2000	Amount of Each Disbursement This Period 10.02
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Postmaster 300 N Pine St Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 08/21/2000	Amount of Each Disbursement This Period 132.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Postmaster 300 N Pine St Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 32.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Postmaster 120 - 7th Ave Granite Falls MN 56241-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 07/15/2000	Amount of Each Disbursement This Period 130.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code R L M Graphics R Morales 1615 E Lake St Minneapolis MN 55407-	Purpose of Disbursement Operating Expenditure Promotional Items	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 394.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	20 / 27
				FOR LINE NUMBER	17
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) Minge for Congress					
Full Name, Mailing Address, and ZIP Code Secretary of State 100 Constitution Ave St Paul MN 55155-	Purpose of Disbursement Operating Expenditure Filing Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/06/2000	Amount of Each Disbursement This Period 300.00		
Full Name, Mailing Address, and ZIP Code Susan S Shasky 714 Ashley Dr Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/01/2000	Amount of Each Disbursement This Period 1151.90		
Full Name, Mailing Address, and ZIP Code Susan S Shasky 714 Ashley Dr Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/15/2000	Amount of Each Disbursement This Period 1151.90		
Full Name, Mailing Address, and ZIP Code Susan S Shasky 714 Ashley Dr Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 1151.90		
Full Name, Mailing Address, and ZIP Code Susan S Shasky 714 Ashley Dr Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Reimb: Event Suppl Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 177.86		
Full Name, Mailing Address, and ZIP Code Susan S Shasky 714 Ashley Dr Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Reimb: Office Supp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 42.60		
Full Name, Mailing Address, and ZIP Code Susan S Shasky 714 Ashley Dr Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Reimb: Travel Expe Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 56.38		
Full Name, Mailing Address, and ZIP Code Susan S Shasky 714 Ashley Dr Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Reimb: Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 137.92		
Full Name, Mailing Address, and ZIP Code Susan S Shasky 714 Ashley Dr Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 1151.90		
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	21 / 27
				FOR LINE NUMBER 17	
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NAME OF COMMITTEE (In Full) Minge for Congress					
Full Name, Mailing Address, and ZIP Code Susan S Shasky 714 Ashley Dr Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Reimb: Travel Expe Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 272.72		
Full Name, Mailing Address, and ZIP Code Susan S Shasky 714 Ashley Dr Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Reimb: Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 69.53		
Full Name, Mailing Address, and ZIP Code Susan S Shasky 714 Ashley Dr Chaska MN 55318-	Purpose of Disbursement Operating Expenditure Reimb: Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 22.87		
Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 07/01/2000	Amount of Each Disbursement This Period 1008.20		
Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure SEE BELOW Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 07/01/2000	Amount of Each Disbursement This Period 400.00		
Full Name, Mailing Address, and ZIP Code BlueCross BlueShield of MN P O Box 84580 Saint Paul MN 55164-	Purpose of Disbursement Memo Health Plan Reimb <input checked="" type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 07/01/2000	Amount of Each Disbursement This Period 400.00		
Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 07/15/2000	Amount of Each Disbursement This Period 1224.25		
Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure SEE BELOW Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 400.00		
Full Name, Mailing Address, and ZIP Code BlueCross BlueShield of MN P O Box 84580 Saint Paul MN 55164-	Purpose of Disbursement Memo Health Plan Reimb <input checked="" type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 400.00		
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	22 / 27
			FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Minge for Congress

Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 1224.25
Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure Reimb: Telephone E Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 18.00
Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure Reimb: Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 85.00
Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure Parade Entry Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 100.00
Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure Reimb: Travel Exps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 143.15
Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure Reimb: Supply, Post Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 33.95
Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 1224.25
Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure Reimb: Travel Exps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 87.36
Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure Parade Entry Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 65.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	23 / 27
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NAME OF COMMITTEE (In Full)
Minge for Congress

Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure 2 Promo Ads Reimb Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 200.00
Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure Reimb: Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 6.40
Full Name, Mailing Address, and ZIP Code Dale E Snyder 10515 South Shore Dr Plymouth MN 55441-	Purpose of Disbursement Operating Expenditure Reimb: Signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 40.00
Full Name, Mailing Address, and ZIP Code Sprint Telephone P O Box 419114 Killeen TX 76540-	Purpose of Disbursement Operating Expenditure Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/01/2000	Amount of Each Disbursement This Period 297.60
Full Name, Mailing Address, and ZIP Code Sprint Telephone P O Box 419114 Killeen TX 76540-	Purpose of Disbursement Operating Expenditure Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period 207.83
Full Name, Mailing Address, and ZIP Code Sprint Telephone P O Box 419114 Killeen TX 76540-	Purpose of Disbursement Operating Expenditure Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period 40.79
Full Name, Mailing Address, and ZIP Code Sprint Telephone P O Box 419114 Killeen TX 76540-	Purpose of Disbursement Operating Expenditure Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 295.30
Full Name, Mailing Address, and ZIP Code Patricia E Thoma 360 - 10th Avenue Granite Falls MN 56241-1443	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/24/2000	Amount of Each Disbursement This Period 1184.02
Full Name, Mailing Address, and ZIP Code Tony Doom Supply Inc P O Box 525 Marshal MN 56256-	Purpose of Disbursement Operating Expenditure Promo It- ems Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/01/2000	Amount of Each Disbursement This Period 1072.05

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	24 / 27
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NAME OF COMMITTEE (In Full)
Minge for Congress

Full Name, Mailing Address, and ZIP Code Tony Doom Supply Inc P O Box 525 Marshal MN 56258-	Purpose of Disbursement Operating Expenditure Signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 3624.88
Full Name, Mailing Address, and ZIP Code Tony Doom Supply Inc P O Box 525 Marshal MN 56258-	Purpose of Disbursement Operating Expenditure Signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 4686.00
Full Name, Mailing Address, and ZIP Code Tony Doom Supply Inc P O Box 525 Marshal MN 56258-	Purpose of Disbursement Operating Expenditure Promo Items Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 624.05
Full Name, Mailing Address, and ZIP Code Robert M Vanasek 25078 E Cedar Lake Dr New Prague MN 56071-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/01/2000	Amount of Each Disbursement This Period 903.20
Full Name, Mailing Address, and ZIP Code Robert M Vanasek 25078 E Cedar Lake Dr New Prague MN 56071-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/15/2000	Amount of Each Disbursement This Period 903.20
Full Name, Mailing Address, and ZIP Code Robert M Vanasek 25078 E Cedar Lake Dr New Prague MN 56071-	Purpose of Disbursement Operating Expenditure Reimb: Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/15/2000	Amount of Each Disbursement This Period 38.10
Full Name, Mailing Address, and ZIP Code Robert M Vanasek 25078 E Cedar Lake Dr New Prague MN 56071-	Purpose of Disbursement Operating Expenditure Reimb: Travel Expe Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/15/2000	Amount of Each Disbursement This Period 144.76
Full Name, Mailing Address, and ZIP Code Robert M Vanasek 25078 E Cedar Lake Dr New Prague MN 56071-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 903.20
Full Name, Mailing Address, and ZIP Code Robert M Vanasek 25078 E Cedar Lake Dr New Prague MN 56071-	Purpose of Disbursement Operating Expenditure Sign Supp- Reimb Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 44.10

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	25 / 27
			FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Minge for Congress

Full Name, Mailing Address, and ZIP Code Robert M Vanasek 25078 E Cedar Lake Dr New Prague MN 56071-	Purpose of Disbursement Operating Expenditure Net Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 903.20
Full Name, Mailing Address, and ZIP Code Robert M Vanasek 25078 E Cedar Lake Dr New Prague MN 56071-	Purpose of Disbursement Operating Expenditure Reimb: Travel Expe Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 213.05
Full Name, Mailing Address, and ZIP Code Robert M Vanasek 25078 E Cedar Lake Dr New Prague MN 56071-	Purpose of Disbursement Operating Expenditure Reimb: Travel Expe Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 63.28
Full Name, Mailing Address, and ZIP Code Robert M Vanasek 25078 E Cedar Lake Dr New Prague MN 56071-	Purpose of Disbursement Operating Expenditure Reimb: Travel Expe Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 56.55
Full Name, Mailing Address, and ZIP Code Robert M Vanasek 25078 E Cedar Lake Dr New Prague MN 56071-	Purpose of Disbursement Operating Expenditure COBRA Py- mt Reimb Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 130.18
Full Name, Mailing Address, and ZIP Code Robert M Vanasek 25078 E Cedar Lake Dr New Prague MN 56071-	Purpose of Disbursement Operating Expenditure Reimb: Telephone E Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 76.85
Full Name, Mailing Address, and ZIP Code Robert M Vanasek 25078 E Cedar Lake Dr New Prague MN 56071-	Purpose of Disbursement Operating Expenditure Reimb: Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 49.63

SUBTOTALS of Disbursements This Page (Optional)			
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TOTALS This Period (last page this line number only)			68512.25
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SCHEDULE B	ITEMIZED DISBURSEMENTS	26 / 27
		FOR LINE NUMBER 21
<p>Use separate schedule(s) for each category of the Detailed Summary Page</p>		
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<p>NAME OF COMMITTEE (In Full) Minge for Congress</p>		
<p>Full Name, Mailing Address, and ZIP Code Minnesota DFL</p> <p>352 Wacouta St St Paul MN 55101-</p>	<p>Purpose of Disbursement Other Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 07/18/2000</p> <p>Amount of Each Disbursement This Period 1250.00</p>
<p>SUBTOTALS of Disbursements This Page (Optional)</p>		
<p>TOTALS This Period (last page this line number only)</p>		1250.00

SCHEDULE D (Revised 3/80)		DEBTS AND OBLIGATIONS Excluding Loans			Use separate schedule(s) for each numbered line	27 / 27 FOR LINE NUMBER 10
NAME OF COMMITTEE (In Full) Minge for Congress						
	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
Full Name, Mailing Address, and Zip Code of Debtor or Creditor Binder Printing Co 622 Sims Ave St Paul MN 55104-	2818.38	353.10	3171.48	0.00		
Nature of Debt (purpose): Printing						
Full Name, Mailing Address, and Zip Code of Debtor or Creditor Tony Doom Supply Inc P O Box 525 Marshal MN 56258-	1072.05	8934.93	10006.98	0.00		
Nature of Debt (purpose): Promo Items						
1) SUBTOTALS This Period This Page (Optional)						
2) TOTALS This Period (last page this line number only)					0.00	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)						
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)						