

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (In full)

(Summary Page)

SECRETARY OF THE SENATE

00 AUG 31 11:42

Ciresl for Senate ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 940 Rice Street CITY, STATE and ZIP CODE STATE/DISTRICT St. Paul, MN 55117 MN	2. FEC IDENTIFICATION NUMBER C00349779 3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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4. TYPE OF REPORT

- | | |
|---|---|
| <input type="checkbox"/> April 15 Quarterly Report | <input checked="" type="checkbox"/> Twelfth day report preceding <u>Primary</u>
(Type of Election) |
| <input type="checkbox"/> July 15 Quarterly Report | election on <u>09/12/2000</u> in the State of <u>MN</u> |
| <input type="checkbox"/> October 15 Quarterly Report | <input type="checkbox"/> Thirtieth day report following the General Election on _____ |
| <input type="checkbox"/> January 31 Year End Report | in the State of _____ |
| <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report |

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>07/01/2000</u> through <u>08/23/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	189,199.36	3,351,356.21
(b) Total Contribution Refunds (From Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	189,199.36	3,351,356.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1,586,226.35	3,327,014.77
(b) Total Offsets to Operating Expenditures (from Line 14)	830.00	1,689.15
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	1,585,396.35	3,325,325.62
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,780,716.97	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1,500,000.00	

For further information:
 Federal Election Commission
 899 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-219-3420

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 Marlene C. Kayser, Assistant Treasurer	Date
Signature of Treasurer <i>Marlene Kayser</i>	<u>28-Aug-2000</u>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. 5437g.

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FEC FORM 3
(Revised 4/97)

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:	To:
	07/01/2000	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)	157,400.00	
(ii) Unitemized	13,498.00	
(iii) Total of contributions from individual	180,898.00	705,359.98
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	8,301.36	24,546.36
(d) The Candidate		2,621,449.87
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	189,199.36	3,351,356.21
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate	1,500,000.00	1,500,000.00
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))	1,500,000.00	1,500,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	830.00	1,689.15
15. OTHER RECEIPTS (Dividends, Interest, etc.)	2,661.04	5,737.40
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	1,892,690.40	4,858,782.76
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	1,566,226.35	3,327,014.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	1,566,226.35	3,327,014.77
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		1,654,252.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		1,892,690.40
25. SUBTOTAL (add Line 23 and Line 24)		3,346,943.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		1,566,226.35
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		1,780,716.97

SCHEDULE A

ITEMIZED RECEIPTS

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

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 H H & K Realty, II 820 O'Keefe Avenue New Orleans, LA 70113-	NAME OF EMPLOYER Partnership Attribution Listed Individually Occupation	Date (month, day, year) 08/10/2000	AMOUNT OF EACH Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
B. Full Name, Mailing Address and Zip Code Greitzer & Locke 1500 Walnut Street Philadelphia, PA 19102-	NAME OF EMPLOYER Partnership Attribution Listed Individually Occupation	Date (month, day, year) 08/06/2000	AMOUNT OF EACH Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
C. Full Name, Mailing Address and Zip Code Andrews & Thornton 450 Newport Center Drive Suite 225 Newport Beach, CA 92660-	NAME OF EMPLOYER Partnership Attribution Listed Individually Occupation	Date (month, day, year) 08/22/2000	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		
D. Full Name, Mailing Address and Zip Code Elmer L. Andersen 1483 Bussard Court Arden Hills, MN 55112-	NAME OF EMPLOYER Occupation Retired	Date (month, day, year) 07/24/2000	AMOUNT OF EACH Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
E. Full Name, Mailing Address and Zip Code Anne Andrews 450 Newport Center Drive Suite 225 Newport Beach, CA 92660-	NAME OF EMPLOYER Andrews & Thornton Occupation Attorney	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)	Aggregate Year-to-Date -> 250.00		MEMO
F. Full Name, Mailing Address and Zip Code Andrews & Thornton 450 Newport Center Drive Suite 225 Newport Beach, CA 92660-	NAME OF EMPLOYER Partnership Attribution Listed Individually Occupation	Date (month, day, year)	AMOUNT OF EACH Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	See separate listing for partnership Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code Chester G. Atkins 1540 Monument Street Concord, MA 01742-	NAME OF EMPLOYER ADS Ventures Inc. Occupation Consultant	Date (month, day, year) 07/25/2000	AMOUNT OF EACH Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		

SUBTOTAL of Receipts This Page (optional)	4,500.00
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 Joan Attianese 671 Chestnut Hill Avenue Brookline, MA 02445-	Name of Employer Self-employed Occupation Real Estate Appraiser	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
B. Full Name, Mailing Address and Zip Code Joan Attianese 671 Chestnut Hill Avenue Brookline, MA 02445-	Name of Employer Self-employed Occupation Real Estate Appraiser	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		
C. Full Name, Mailing Address and Zip Code Dorothy A. Salisok 23 Toluca Estates Drive Toluca Lake, CA 91602-	Name of Employer Occupation Homemaker	Date (month, day, year) 07/24/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
D. Full Name, Mailing Address and Zip Code John T. Barrett 17 Ridgfield Road Winchester, MA 01890-	Name of Employer Thornton & Naumes LLP Occupation Attorney	Date (month, day, year) 07/25/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
E. Full Name, Mailing Address and Zip Code Michel F. Baumeister P.O. Box 66 Brookside, NJ 07926-	Name of Employer Baumeister & Samuels Occupation Attorney	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
F. Full Name, Mailing Address and Zip Code Steven B. Belkin 6 Rocky Ledge Weston, MA 02493-	Name of Employer Trans National Travel Occupation Chairman	Date (month, day, year) 08/03/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code Elizabeth M. Bennett 728 Widsten Circle Wayzata, MN 55391-	Name of Employer Occupation Homemaker	Date (month, day, year) 07/22/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		

SUBTOTAL of Receipts This Page (optional)	5,400.00
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

FOR LINE NUMBER 11 (A) (1)

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NAME OF COMMITTEE (in full)
Ciresi for Senate

<p>A. Full Name, Mailing Address and Zip Code Michael Berens 5555 Christmas Lake Point Excelsior, MN 55331-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Kelly & Berens, P.A.</p> <p>Occupation Attorney</p>	<p>Date (Month, day, year) 08/13/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Bob Bergland 1304 7th Avenue SE Roseau, MN 56751-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation Retired</p>	<p>Date (Month, day, year) 08/10/2000</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Amount of each Receipt this Period 200.00</p>
<p>C. Full Name, Mailing Address and Zip Code Chas F. Bernick P.O. Box 16419 Duluth, MN 55816-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Bernick's Pepsi Cola</p> <p>Occupation Branch Manager</p>	<p>Date (Month, day, year) 08/22/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Richard A. Bieder 350 Fairfield Avenue Bridgeport, CT 06604-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Koskoff Koskoff & Bieder</p> <p>Occupation Attorney</p>	<p>Date (Month, day, year) 08/01/2000</p> <p>Aggregate Year-to-Date -> 1,500.00</p>	<p>Amount of each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code E. Thomas Singer 155000 Wayzata Boulevard Suite 604-201 Wayzata, MN 55391-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation Retired</p>	<p>Date (Month, day, year) 08/17/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code E. Thomas Singer 155000 Wayzata Boulevard Suite 604-201 Wayzata, MN 55391-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation Retired</p>	<p>Date (Month, day, year) 08/17/2000</p> <p>Aggregate Year-to-Date -> 1,500.00</p>	<p>Amount of each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Peter J. Black 55 Maple Street Sherborn, MA 01770-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Mechan Boyle & Cohen</p> <p>Occupation Attorney</p>	<p>Date (Month, day, year) 07/25/2000</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of each Receipt this Period 500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>4,200.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

This separate schedule is for each category of the detailed Summary Page

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NAME OF COMMITTEE (IN FULL)
Ciresi for Senate

<p>A. Full Name, Mailing Address and Zip Code Jon W. Blanchar 16668 Credale Path Lakeville, MN 55044-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Jon W. Blanchar</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 600.00</p>	<p>Date (Month, day, year) 07/14/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name, Mailing Address and Zip Code Donald E. Bleau 525 Lake Avenue South Duluth, MN 55802-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Grandma's Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (Month, day, year) 08/22/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Michael B. Bogdanow 56 Ledgelawn Avenue Lexington, MA 02420-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Mohan Boyle & Cohen</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (Month, day, year) 07/25/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Robert J. Bonsignore 23 Forest Street Medford, MA 02155-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Bonsignore & Brewer</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (Month, day, year) 08/14/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Edward S. Bosek 27 Jansen Street Staten Island, NY 10306-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Weitz & Luxenberg</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (Month, day, year) 07/27/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Edward S. Bosek 27 Jansen Street Staten Island, NY 10306-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Weitz & Luxenberg</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (Month, day, year) 07/27/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Della V. Boutros 1136 Humboldt Avenue South Minneapolis, MN 55408-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Self-employed</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (Month, day, year) 07/19/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>3,550.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

<p>A. Full Name, Mailing Address and Zip Code Leo V. Boyle 14 Walpole Street Dover, MA 02030-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Meehan Boyle & Cohen</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/25/2000</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Marc L. Breakstone 9 Chadbourne Road Lexington, MA 02173-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Breakstone White-Lief & Gluck</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 07/25/2000</p>	<p>Amount of each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Megan M. Brooks 176 Alfonso Drive Rochester, NY 14626-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation Student</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/27/2000</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Megan M. Brooks 176 Alfonso Drive Rochester, NY 14626-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation Student</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 07/27/2000</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Robert M. Byrne, Jr. 20 Apple Lane Milton, MA 02186-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Thornton & Naumes LLP</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/25/2000</p> <p>Event Expense</p>	<p>Amount of each Receipt this Period 1,000.00</p> <p>IN-KIND</p>
<p>F. Full Name, Mailing Address and Zip Code Christine H. Cable 100 River Drive Bay Ridge Annapolis, MD 21403-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-employed</p> <p>Occupation Counselor</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/17/2000</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Stewart M. Casper 72 Seir Hill Road Wilton, CT 06897-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Casper & DeToledo</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 07/12/2000</p>	<p>Amount of each Receipt this Period 250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>5,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

<p>A. Full Name, Mailing Address and Zip Code Peggy A. Clark 3261 O Street NW Washington, DC 20007-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Sally Mae</p> <p>Occupation Assist. Dir. of Cust. Rel.</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/23/2000</p>	<p>AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Marie E. Collins 610 Westfield Lane Friendswood, TX 77546-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Law Off. of Marie E. Collins</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/01/2000</p>	<p>AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Shane M. Emerson Coons 28636 Mount Shasta Drive Rancho Palos Verdes, CA 90275-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Girardi & Keese</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/22/2000</p>	<p>AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Janet A. Costello 186 Payson Road Belmont, MA 02478-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER</p> <p>Occupation Unemployed</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/22/2000</p>	<p>AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Robert V. Costello 186 Payson Road Belmont, MA 02478-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Schneider Reilly LLP</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/22/2000</p>	<p>AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Stanley R. Cowle 6051 Laurel Avenue Number 304 Golden Valley, MN 55416-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> 300.00</p>	<p>Date (month, day, year) 08/10/2000</p>	<p>AMOUNT OF EACH RECEIPT THIS PERIOD 300.00</p>
<p>G. Full Name, Mailing Address and Zip Code John Cowles, Jr. 123 North 3rd Street Suite 304 Minneapolis, MN 55401-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/22/2000</p>	<p>AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>6,300.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary page

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 Jonathan Crane 8946 Samoset Trail Skokie, IL 60076-1914	Name of Employer Halpern-Crane Management Inc. Occupation Investment Manager	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		
B. Full Name, Mailing Address and Zip Code Molly Culligan 1626 Edgcombe Road Saint Paul, MN 55116-	Name of Employer Self-employed Occupation Consultant	Date (month, day, year) 08/10/2000	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		
C. Full Name, Mailing Address and Zip Code Lora K. Davis 769 Central Avenue West Saint Paul, MN 55104-4822	Name of Employer Occupation Retired	Date (month, day, year) 08/23/2000	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 -> 220.00		
D. Full Name, Mailing Address and Zip Code Joseph DiNardo 2430 North Forest Road Suite 195 Getzville, NY 14068-	Name of Employer DiNardo Law Firm, P.C. Occupation Attorney	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
E. Full Name, Mailing Address and Zip Code Joseph DiNardo 2430 North Forest Road Suite 195 Getzville, NY 14068-	Name of Employer DiNardo Law Firm, P.C. Occupation Attorney	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		
F. Full Name, Mailing Address and Zip Code Marcia L. Anastasi-DiNardo 50 Forest Glen Circle Williamsville, NY 14221-	Name of Employer Forbes Homes of Amherst Occupation Production Manager	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code Marcia L. Anastasi-DiNardo 50 Forest Glen Circle Williamsville, NY 14221-	Name of Employer Forbes Homes of Amherst Occupation Production Manager	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		

SUBTOTAL of Receipts This Page (optional)	5,550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

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 other 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 Dorothy M. Dolphin 258 Hennepin Avenue Minneapolis, MN 55402-	Name of Employer Dolphin Holdings Occupation Owner	Date (month, day, year) 07/03/2000	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		
B. Full Name, Mailing Address and Zip Code Thomas P. Dolphin 1314 Marquette Avenue Suite 3303 Minneapolis, MN 55403-	Name of Employer 21st Century Bank Occupation Chief Executive Officer	Date (month, day, year) 08/10/2000	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 -> 1,000.00		
C. Full Name, Mailing Address and Zip Code Joseph R. Donahue 6 Windemere Drive Andover, MA 01810-	Name of Employer Thornton & Naumes LLP Occupation Attorney	Date (month, day, year) 07/25/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
D. Full Name, Mailing Address and Zip Code Anthony Dorn 60 Burdean Road Newton Centre, MA 02159-	Name of Employer Chillmark Dry Goods Occupation President	Date (month, day, year) 07/24/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
E. Full Name, Mailing Address and Zip Code William B. Drake 3207 East Calhoun Parkway Minneapolis, MN 55408-3311	Name of Employer Occupation Retired	Date (month, day, year) 08/02/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
F. Full Name, Mailing Address and Zip Code Paul Egerman 77 Westcliff Road Weston, MA 02493-	Name of Employer Escription Inc. Occupation CEO	Date (month, day, year) 07/31/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code Mark H. Blevich 647 West Falls Road West Falls, NY 14170-	Name of Employer DiNardo Law Firm, P.C. Occupation Case Manager	Date (month, day, year) 07/27/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		

SUBTOTAL of Receipts This Page (optional)	6,000.00
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

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 collect contributions from such committee.

NAME OF COMMITTEE (IN FULL)
Cireasi for Senate

<p>A. Full Name, Mailing Address and Zip Code Mark H. Elovich 647 West Falls Road West Falls, NY 14170-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER DiNardo Law Firm, P.C.</p> <p>Occupation Case Manager</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (Month, day, year) 07/27/2000</p>	<p>AMOUNT OF EACH Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Barbara J. Erickson 27 Hunter Lane Canton, MA 02021-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Brookton Hospital</p> <p>Occupation Student Counselor</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (Month, day, year) 07/25/2000</p>	<p>AMOUNT OF EACH Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code William N. Erickson 27 Hunter Lane Canton, MA 02021-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Robins Kaplan Miller & Cireasi</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (Month, day, year) 07/25/2000</p>	<p>AMOUNT OF EACH Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Thomas M. Feeley 19 E Alonwood Avenue Andover, MA 01810-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Feeley & Driscoll</p> <p>Occupation Accountant</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (Month, day, year) 07/25/2000</p>	<p>AMOUNT OF EACH Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Charles M. Ferguson 105 Plymouth Road Rockville Centre, NY 11570-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Weitz & Luxenberg</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (Month, day, year) 07/27/2000</p>	<p>AMOUNT OF EACH Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Charles M. Ferguson 105 Plymouth Road Rockville Centre, NY 11570-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Weitz & Luxenberg</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (Month, day, year) 07/27/2000</p>	<p>AMOUNT OF EACH Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Douglas P. Fiebelkorn 40 Piedmont Street Boston, MA 02116-5428</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Landa & Altshar</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (Month, day, year) 08/03/2000</p>	<p>AMOUNT OF EACH Receipt this Period 1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>7,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed summary page

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 Michael S. Fields 301 North Canon Drive Suite 225 Beverly Hills, CA 90210-	Name of Employer Self-employed Occupation Attorney	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
B. Full Name, Mailing Address and Zip Code John Fish 65 Allerton Street Boston, MA 02119-	Name of Employer Suffolk Construction Company Occupation President	Date (month, day, year) 07/25/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
C. Full Name, Mailing Address and Zip Code Beverly N. FitzGerald 174 Bank Street SE Minneapolis, MN 55414-	Name of Employer Occupation Homemaker	Date (month, day, year) 07/13/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
D. Full Name, Mailing Address and Zip Code Richard J. FitzGerald 174 Bank Street SE Minneapolis, MN 55414-	Name of Employer Self-employed Occupation Attorney	Date (month, day, year) 07/13/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
E. Full Name, Mailing Address and Zip Code Sharon A. FitzGerald 5200 Oxford Street Shoreview, MN 55126-	Name of Employer Occupation Homemaker	Date (month, day, year) 08/09/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
F. Full Name, Mailing Address and Zip Code Lindy Brooke Fleming 740 Mississippi Blvd. St. Paul, MN -	Name of Employer Occupation Student	Date (month, day, year) 08/22/2000	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		
G. Full Name, Mailing Address and Zip Code W. Morgan Fleming, Jr. 740 Mississippi River Boulevard Saint Paul, MN 55116-	Name of Employer Morvilton Management Occupation Principal	Date (month, day, year) 07/19/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 300.00		

SUBTOTAL of Receipts This Page (optional)	4,600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for each category of the detailed summary page

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	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
Whitney Morgan Fleming 207 Bank Street SE Minneapolis, MN 55414-	Student	08/22/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
Francis A. Ford 8 Walbridge Road Paxton, MA 01612-	Self-employed Attorney	07/26/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
Bernard P. Friel 750 Mohican Lane Mondota Heights, MN 55120-	Briggs & Morgan PA Attorney	08/22/2000	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	200.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
Gary D. Galiber 610 Ward Avenue Suite 200 Honolulu, HI 96814-	Galiber DeRobertis et al Attorney	08/19/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
Stephen M. Garcia 222 West 6th Street Suite 780 San Pedro, CA 90731-	Self-employed Attorney	08/23/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
William A. Gaylord 1400 SW Montgomery Portland, OR 97201-	Gaylord & Eyerman Attorney	07/06/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
Celina Gerbic 107 Appleton Street Unit 4 Boston, MA 02116-	Thornton & Naumes LLP Attorney	07/25/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	3,550.00
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

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

<p>A. Full Name, Mailing Address and Zip Code John Girardi 5 Burrell Lane Rancho Palos Verdes, CA 90275-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Girardi & Keese</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/22/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code John Girardi 5 Burrell Lane Rancho Palos Verdes, CA 90275-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Girardi & Keese</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 08/22/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Edward M. Glennon 4200 IDS Center Minneapolis, MN 55402-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Lindquist & Vennum</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 100.00</p>	<p>Date (month, day, year) 07/19/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and Zip Code Edward M. Glennon 4200 IDS Center Minneapolis, MN 55402-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Lindquist & Vennum</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 350.00</p>	<p>Date (month, day, year) 08/23/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Leslie C. Gottlieb 13 Cohawney Road Scarsdale, NY 10583-2230</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/09/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Leslie C. Gottlieb 13 Cohawney Road Scarsdale, NY 10583-2230</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 08/09/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Martin Greitzer 1500 Walnut Street Philadelphia, PA 19102-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Greitzer & Locks</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 08/06/2000</p> <p>Partnership - Greitzer & Locks</p>	<p>Amount of Each Receipt this Period 500.00</p> <p>MEMO</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>4,350.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (IN FULL) Ciresi for Senate			
A. Full Name, Mailing Address and Zip Code Greitzer & Locks 1500 Walnut Street Philadelphia, PA 19102- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Partnership Attribution Listed Individually Occupation See separate listing for partnership Aggregate Year-to-Date ->	Date (month, day, year) Aggregate Year-to-Date ->	Amount of Each Receipt this Period Aggregate Year-to-Date ->
B. Full Name, Mailing Address and Zip Code Keith Griffin 10310 Ilona Avenue Los Angeles, CA 90064- 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 ->	Date (month, day, year) 08/22/2000 Aggregate Year-to-Date ->	Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date ->
C. Full Name, Mailing Address and Zip Code H. Theodore Grindal 9517 Bennett Place Eden Prairie, MN 55347- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Lockridge Grindal et al Occupation Attorney Aggregate Year-to-Date ->	Date (month, day, year) 07/12/2000 Aggregate Year-to-Date ->	Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date ->
D. Full Name, Mailing Address and Zip Code J. Gary Gwilliam 2519 Biltmore Drive Alamo, CA 94507- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Gwilliam Ivory Chiosso et al Occupation Attorney Aggregate Year-to-Date ->	Date (month, day, year) 08/23/2000 Aggregate Year-to-Date ->	Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date ->
E. Full Name, Mailing Address and Zip Code Roger L. Hale 41 West Island Avenue Minneapolis, MN 55401- 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 ->	Date (month, day, year) 08/10/2000 Aggregate Year-to-Date ->	Amount of Each Receipt this Period 800.00 Aggregate Year-to-Date ->
F. Full Name, Mailing Address and Zip Code Roger L. Hale 41 West Island Avenue Minneapolis, MN 55401- 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 ->	Date (month, day, year) 08/10/2000 Aggregate Year-to-Date ->	Amount of Each Receipt this Period 200.00 Aggregate Year-to-Date ->
G. Full Name, Mailing Address and Zip Code Joseph A. Hanlon 41 Stratford Road Needham, MA 02492- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Robine Kaplan Miller & Ciresi Occupation Attorney Aggregate Year-to-Date ->	Date (month, day, year) 07/25/2000 Aggregate Year-to-Date ->	Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date ->

SUBTOTAL of Receipts This Page (optional)	4,000.00
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

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

<p>A. Full Name, Mailing Address and Zip Code James S. Harrington 16 Whitridge Road Natick, MA 01760-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Robins Kaplan Miller & Ciresi Attorney</p> <p>Occupation Attorney</p>	<p>Date (month, day, year) 07/25/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Patricia Harrington 16 Whitridge Road Natick, MA 01760-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Homemaker</p> <p>Occupation Homemaker</p>	<p>Date (month, day, year) 07/25/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Robert R. Hatten 12350 Jefferson Avenue Suite 360 Newport News, VA 23602 6956</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Patten Wormon Hatten et al Attorney</p> <p>Occupation Attorney</p>	<p>Date (month, day, year) 07/25/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Robert H. Heimbach 1018 Lake Avenue South Duluth, MN 55802-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Otis Magic Insurance Co. Account Executive</p> <p>Occupation Account Executive</p>	<p>Date (month, day, year) 08/22/2000</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Norman A. Helfrich, Jr., M.D. 401 Summerlin Avenue Sanford, FL 32771-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p>	<p>Date (month, day, year) 08/22/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Russ M. Hexman 820 O'Keefe Avenue, Suite 100 New Orleans, LA 70113-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Herman Herman Katz et al Attorney</p> <p>Occupation Attorney</p>	<p>Date (month, day, year) 08/10/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of each Receipt this Period 1,000.00</p> <p>Partnership -> H H & K Realty, II MEMO</p>
<p>G. Full Name, Mailing Address and Zip Code H H & K Realty, II 820 O'Keefe Avenue New Orleans, LA 70113-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Partnership Attribution Listed Individually See separate listing for partnership</p> <p>Occupation See separate listing for partnership</p>	<p>Date (month, day, year)</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for each category of the detailed summary page

Any information copied from such reports and statements may not be 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 Sam Hertogs 1350 South Frontage Road Hastings, MN 55033-	NAME OF EMPLOYER Burstain, Hertogs & McFarland OCCUPATION Attorney	DATE (MONTH, DAY, YEAR) 08/23/2000	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		
B. Full Name, Mailing Address and Zip Code Christina M. Honaas 18397 Nicklaus Way Eden Prairie, MN 55347-	NAME OF EMPLOYER OCCUPATION Homemaker	DATE (MONTH, DAY, YEAR) 08/23/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
C. Full Name, Mailing Address and Zip Code Christine M. Honaas 18397 Nicklaus Way Eden Prairie, MN 55347-	NAME OF EMPLOYER OCCUPATION Homemaker	DATE (MONTH, DAY, YEAR) 08/23/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		
D. Full Name, Mailing Address and Zip Code Mary B. Horach 2436 West 24th Street Minneapolis, MN 55405-	NAME OF EMPLOYER Churchill Capital Inc. OCCUPATION Chief Administrative Officer	DATE (MONTH, DAY, YEAR) 08/22/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
E. Full Name, Mailing Address and Zip Code Steven M. Hunegs 4440 West 25th Street St. Louis Park, MN 55416-	NAME OF EMPLOYER Hunegs Stone Koenig et al OCCUPATION Attorney	DATE (MONTH, DAY, YEAR) 07/19/2000	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		
F. Full Name, Mailing Address and Zip Code Janet Jacobs 17 Ridgefield Road Winchester, MA 01890-	NAME OF EMPLOYER Self-employed OCCUPATION Interior Designer	DATE (MONTH, DAY, YEAR) 07/25/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code Paige L. Jansen 1201 Ivy Brook Lane Atlanta, GA 30319-	NAME OF EMPLOYER Jansen Advertising OCCUPATION President	DATE (MONTH, DAY, YEAR) 08/23/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		

SUBTOTAL of Receipts This Page (optional)	4,700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amy Johnson 2441 West 22nd Street Minneapolis, MN 55406-	Johnson Gulling Heltzer & Burg Attorney	07/19/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen P. Joyce 26 North Main Street Sherburne, NY 13460-	Self-employed Attorney	07/19/2000	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	200.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey F. Kaplan 5500 Wells Fargo Center 90 South 7th Street Minneapolis, MN 55402-	Kaplan Strangis & Kaplan Attorney	08/09/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel L. Kaplan 4200 Dupont Avenue South Minneapolis, MN 55409-	Kaplan Strangis & Kaplan Attorney	08/10/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	2,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheldon Kaplan 5500 Wells Fargo Center 900 South 7th Street Minneapolis, MN 55402-	Kaplan Strangis & Kaplan Attorney	08/10/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sylvia Chessen Kaplan 4200 Dupont Avenue South Minneapolis, MN 55409-	Self-employed Restauranteur	08/10/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	2,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Kazanjian 9489 Dayton Way Suite 300 Beverly Hills, CA 90210-	Kazanjian Bros. Inc. Chairman	08/17/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	5,350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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)
Ciresei for Senate

<p>A. Full Name, Mailing Address and Zip Code Robert M. Keese 1147 South Leland Street San Pedro, CA 90731-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Girardi & Keese</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/22/2000</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Gary W. Kendall 2671 Cardinal Ridge Road Charlottesville, VA 22901-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Michie Hamlett Lowrey et al</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/01/2000</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code John A. Knapp 2193 Sargent Avenue Saint Paul, MN 55105-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Winthrop & Weinstein</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 08/10/2000</p>	<p>Amount of each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code William J. Kociemba 5745 140th Street NW Clearwater, MN 55320-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Gazelle, Inc.</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 08/10/2000</p>	<p>Amount of each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code William J. Kociemba 5745 140th Street NW Clearwater, MN 55320-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Gaselle, Inc.</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/23/2000</p>	<p>Amount of each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Barry Koretz 671 Chestnut Hill Avenue Brookline, MA 02445-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer BKA Associates, Inc.</p> <p>Occupation Architect</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/01/2000</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Barry Koretz 671 Chestnut Hill Avenue Brookline, MA 02445-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer BKA Associates, Inc.</p> <p>Occupation Architect</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 08/01/2000</p>	<p>Amount of each Receipt this Period 1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>5,500.00</p>
<p>TOTAL This Period [last page this line number only]</p>	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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 James B. Kropff 4708 Castle Road La Canada Flintridge, CA 91011-	Name of Employer Girardi & Keese Occupation Attorney	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
B. Full Name, Mailing Address and Zip Code James B. Kropff 4708 Castle Road La Canada Flintridge, CA 91011-	Name of Employer Girardi & Keese Occupation Attorney	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		
C. Full Name, Mailing Address and Zip Code Helen S. Lane 556 Chapel Street New Haven, CT 06511-	Name of Employer Self-employed Occupation Writer	Date (month, day, year) 08/01/2000	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		
D. Full Name, Mailing Address and Zip Code Richard Laveau 20750 Linwood Road Deephaven, MN 55331-	Name of Employer Oppenheimer Wolff & Donnelly Occupation Attorney	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
E. Full Name, Mailing Address and Zip Code James A. Lavoie 431 South 7th Street Suite 2420 Minneapolis, MN 55416-1897	Name of Employer Lindell & Lavoie Occupation Attorney	Date (month, day, year) 08/06/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
F. Full Name, Mailing Address and Zip Code Neil T. Leifer 16 Kingswood Road Auburndale, MA 02466-	Name of Employer Thornton & Naumes LLP Occupation Attorney	Date (month, day, year) 07/25/2000 Event Expense	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00 IN-KIND		
G. Full Name, Mailing Address and Zip Code Aaron M. Levine 1320 19th Street NW Washington, DC 20036-	Name of Employer Self-employed Occupation Attorney	Date (month, day, year) 08/17/2000	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		

SUBTOTAL of Receipts This Page (optional)	3,950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule 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 Gene Locks 1500 Walnut Street Philadelphia, PA 19102-	NAME OF EMPLOYER Greitzer & Locks Occupation Attorney	Date (month, day, year) 08/06/2000 Partnership -> Locks	AMOUNT OF EACH RECEIPT THIS PERIOD 500.00 MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
B. Full Name, Mailing Address and Zip Code Greitzer & Locks 1500 Walnut Street Philadelphia, PA 19102-	NAME OF EMPLOYER Partnership Attribution Listed Individually Occupation See separate listing for partnership	Date (month, day, year)	AMOUNT OF EACH RECEIPT THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
C. Full Name, Mailing Address and Zip Code Steven R. Maher 914 Lincoln Circle Winter Park, FL 32789-	NAME OF EMPLOYER Maher Gibson Guiley et al Occupation Attorney	Date (month, day, year) 08/19/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
D. Full Name, Mailing Address and Zip Code Steven R. Maher 914 Lincoln Circle Winter Park, FL 32789-	NAME OF EMPLOYER Maher Gibson Guiley et al Occupation Attorney	Date (month, day, year) 08/19/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		
E. Full Name, Mailing Address and Zip Code Stanley J. Marks 9032 North Morning Glory Scottsdale, AZ 85253-	NAME OF EMPLOYER Beyan Lewis Marks et al Occupation Attorney	Date (month, day, year) 08/17/2000	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		
F. Full Name, Mailing Address and Zip Code Dennis M. Mathisen 503 North 3rd Street Suite 300 Minneapolis, MN 55401-	NAME OF EMPLOYER Marshall Financial Group Occupation President and CEO	Date (month, day, year) 08/06/2000	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		
G. Full Name, Mailing Address and Zip Code Amanda McClintock 118 19th Place Manhattan Beach, CA 90266-	NAME OF EMPLOYER Girardi & Reese Occupation Attorney	Date (month, day, year) 08/22/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		

SUBTOTAL of Receipts This Page (optional)	3,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule (a) 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 John J. McConnell, Jr. 750 Elmgrove Avenue Providence, RI 02906-4900		Name of Employer Ness, Motley, Loadholt et al Occupation Attorney	Date (month, day, year) 07/25/2000 Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 1,000.00	
B. Full Name, Mailing Address and Zip Code John J. McConnell, Jr. 750 Elmgrove Avenue Providence, RI 02906-4900		Name of Employer Ness, Motley, Loadholt et al Occupation Attorney	Date (month, day, year) 07/25/2000 Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 2,000.00	
C. Full Name, Mailing Address and Zip Code Sara Shea McConnell 750 Elmgrove Avenue Providence, RI 02906-4900		Name of Employer Occupation Homemaker	Date (month, day, year) 07/25/2000 Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 1,000.00	
D. Full Name, Mailing Address and Zip Code Sara Shea McConnell 750 Elmgrove Avenue Providence, RI 02906-4900		Name of Employer Occupation Homemaker	Date (month, day, year) 07/25/2000 Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 2,000.00	
E. Full Name, Mailing Address and Zip Code David J. McMorris 83 Doone Street Cohasset, MA 02025-		Name of Employer Thornton & Naumes LLP Occupation Attorney	Date (month, day, year) 07/25/2000 Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 1,000.00 IN-KIND	
F. Full Name, Mailing Address and Zip Code Michael R. McNamee 4821 Orchid Lane North Plymouth, MN 55446-		Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney	Date (month, day, year) 07/15/2000 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 -> 500.00	
G. Full Name, Mailing Address and Zip Code Richard H. Middleton, Jr. P.O. Box 18006 Savannah, GA 31412-0206		Name of Employer Middleton Mathis Adams & Tate Occupation Attorney	Date (month, day, year) 08/09/2000 Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 1,000.00	

SUBTOTAL of Receipts This Page (optional)	6,050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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) Cirese for Senate			
A. Full Name, Mailing Address and Zip Code Jane Milanos 35 Park Street Tenafly, NJ 07670-	NAME OF EMPLOYER OCCUPATION Homemaker	DATE (MONTH, DAY, YEAR) 07/17/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
B. Full Name, Mailing Address and Zip Code David L. Mitchell 5011 Bruce Avenue Edina, MN 55424-	NAME OF EMPLOYER Robins Kaplan Miller & Cirese OCCUPATION Attorney	DATE (MONTH, DAY, YEAR) 07/31/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
C. Full Name, Mailing Address and Zip Code Kathleen A. Moccio 115 Valleyview Place Minneapolis, MN 55419-	NAME OF EMPLOYER Dorsey & Whitney OCCUPATION Attorney	DATE (MONTH, DAY, YEAR) 08/23/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
D. Full Name, Mailing Address and Zip Code Vincent J. Moccio 115 Valleyview Place Minneapolis, MN 55419-	NAME OF EMPLOYER Robins Kaplan Miller & Cirese OCCUPATION Attorney	DATE (MONTH, DAY, YEAR) 08/23/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
E. Full Name, Mailing Address and Zip Code Mary K. Moen 990 Skyline Drive SW Rochester, MN 55502-	NAME OF EMPLOYER OCCUPATION Retired	DATE (MONTH, DAY, YEAR) 07/19/2000	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		
F. Full Name, Mailing Address and Zip Code Michael E. Mone 10 Braemoor Road Brockton, MA 02301-	NAME OF EMPLOYER Esdaile Barrett & Esdaile OCCUPATION Attorney	DATE (MONTH, DAY, YEAR) 07/25/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code Robert O. Muller 1628 21st Street NW Washington, DC 20009-	NAME OF EMPLOYER Vietnam Vets. of America Fnd OCCUPATION President and Founder	DATE (MONTH, DAY, YEAR) 07/26/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		

SUBTOTAL of Receipts This Page (optional)	6,100.00
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

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

<p>A. Full Name, Mailing Address and Zip Code Robert T. Naumes 14 Old Stable Lane North Easton, MA 02356-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Thornton & Naumes LLP</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 900.00</p>	<p>Date (month, day, year) 07/25/2000</p> <p>Event Expense</p>	<p>Amount of Each Receipt this Period 900.00</p> <p>IN-KIND</p>
<p>B. Full Name, Mailing Address and Zip Code Robert T. Naumes 14 Old Stable Lane North Easton, MA 02356-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Thornton & Naumes LLP</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/25/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name, Mailing Address and Zip Code Diane K. Nelson 561 Estates Place Longwood, FL 32779-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-employed</p> <p>Occupation Real Estate Broker</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/22/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Richard Nigon 5908 Bradbury Court Inver Grove Heights, MN 55076-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Robins Kaplan Miller & Ciresi</p> <p>Occupation CFO</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 07/10/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Marie Tanniello-Occhigrossi 180 Maiden Lane New York, NY 10038-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Weitz & Luxenberg</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/27/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Marie Tanniello-Occhigrossi 180 Maiden Lane New York, NY 10038-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Weitz & Luxenberg</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 07/27/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code L. Christine Oliver, M.D. 60 Amury Street Brookline, MA 02146-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Public Health Resource Group</p> <p>Occupation Doctor</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 07/25/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>4,750.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules 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	Name of Employer	Date (Month, Day, Year)	Amount of Each Receipt this Period
Deborah R. Olson 1156 Summit Avenue Saint Paul, MN 55105-	Nelson Laboratories Occupation: CEO	08/11/2000	900.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
Diane T. Oom 610 Ward Avenue Suite 200 Honolulu, HI 96814-	Galiher DeRobertis et al Occupation: Attorney	08/19/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
Dorothy E. Parker 1931 Irving Avenue South Minneapolis, MN 55403-	Occupation: Homemaker	08/14/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
Alison R. Krupa Parks 117 Portland Avenue South Suite 610 Minneapolis, MN 55401-	Arthur D. Little Inc. Occupation: Management Consultant	08/19/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,500.00	
Robert L. Parks 330 Alhambra Circle Coral Gables, FL 33134-	Haggard & Parks, P.A. Occupation: Attorney	08/01/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	2,000.00	
Elizabeth A. Paulucci 401 Summerlin Avenue Sanford, FL 32771-	Occupation: Homemaker	08/22/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
Lois M. Paulucci 525 Lake Avenue South Duluth, MN 55802-	Occupation: Homemaker	08/19/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)

5,900.00

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	Name of Employer	Date (Month, day, year)	Amount of Each Receipt this Period
Luigino F. Paulucci 525 Lake Avenue South Duluth, MN 55802-	Luigino's Inc. Occupation Chairman & CEO	08/19/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
Stephen M. Pazuk 50 Battery Street Suite 311 N Boston, MA 02109-1003	Wellington Management Company Occupation Treasurer	07/25/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
Elisabeth Beretta Perik 206 Cliff Road Wellesley, MA 02481-	Fleet Bank Occupation Vice President	08/03/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
Michael J. Perik 206 Cliff Road Wellesley, MA 02481-	Mattel Inc. Occupation Executive	08/03/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
Norman Perl 20670 Linwood Road Excelsior, MN 55331-	Norman Perl & Associates Occupation Attorney	08/10/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
Lawrence Perlman 4427 East Lake Harriet Parkway Minneapolis, MN 55409-	Retired	08/17/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
Linda Peterson Periman 4427 East Lake Harriet Parkway Minneapolis, MN 55409-	Self-employed Occupation Residential Designer	08/17/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL, of Receipts This Page (optional)

5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category on the detailed summary page

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NAME OF COMMITTEE (IN FULL)			
Ciresi for Senate			
<p>A. Full Name, Mailing Address and Zip Code Steven R. Peterson 6513 Stauder Circle Edina, MN 55436-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Unemployed</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/08/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Paul M. Pezzella 1 Beacon Street Suite 1320 Boston, MA 02108-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Lobbyist</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 07/25/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Kathy A. Polk 1301 Southview Drive Hastings, MN 55033-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Homemaker</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 08/14/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Vernon E. Pryts 4680 Tower Street SE Suite 217 Prior Lake, MN 55372-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Retired</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 08/23/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>E. Full Name, Mailing Address and Zip Code Craig J. Rancourt 156 Ocean House Road Cape Elisabeth, ME 04107-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Self-employed Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/25/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Rebecca T. Rapport 5501 River Bluff Curve Bloomington, MN 55437-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Professor</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 08/13/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Deborah Reed 94 Channing Road Concord, MA 01742-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Self-employed Educational Consultant</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/01/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			4,450.00
<p>TOTAL This Period (last page this line number only)</p>			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of line item called Summary Page

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 E. Reed, III 94 Channing Road Concord, MA 01742-	NAME OF EMPLOYER Robins Kaplan Miller & Ciresi OCCUPATION Attorney	DATE (MONTH, DAY, YEAR) 08/01/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
B. Full Name, Mailing Address and Zip Code Karen R. Ristuben 1 Drumlin Road Rockport, MA 01966-	NAME OF EMPLOYER Meehan Boyle & Cohen OCCUPATION Attorney	DATE (MONTH, DAY, YEAR) 07/25/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
C. Full Name, Mailing Address and Zip Code Deirdre H. Robbins 17 Garfield Street Marblehead, MA 01945-	NAME OF EMPLOYER Self-employed OCCUPATION Attorney	DATE (MONTH, DAY, YEAR) 07/25/2000	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		
D. Full Name, Mailing Address and Zip Code John A. Roberts 1126 Wilshire Boulevard Los Angeles, CA 90017-	NAME OF EMPLOYER Girardi & Keese OCCUPATION Attorney	DATE (MONTH, DAY, YEAR) 08/23/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
E. Full Name, Mailing Address and Zip Code Carrie Rognlien 11676 Chenault Street Suite 16 Los Angeles, CA 90049-	NAME OF EMPLOYER Girardi & Keese OCCUPATION Attorney	DATE (MONTH, DAY, YEAR) 08/22/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
F. Full Name, Mailing Address and Zip Code Michael I. Rosen 132 Groveland Terrace Minneapolis, MN 55403-	NAME OF EMPLOYER Legacy Financial Advisors OCCUPATION Financial Planner	DATE (MONTH, DAY, YEAR) 07/22/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code Peter Schmit 1345 Meadow Avenue Shoreview, MN 55126-	NAME OF EMPLOYER Robins Kaplan Miller & Ciresi OCCUPATION Attorney	DATE (MONTH, DAY, YEAR) 07/26/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		

SUBTOTAL of Receipts This Page (optional)	4,950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the recalled subsidy page

Any information copied from such reports and statements may not be held 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 Richard M. Schulze 5015 Nob Hill Drive Edina, MN 55439-	Name of Employer Best Buy Company Occupation Executive	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		
B. Full Name, Mailing Address and Zip Code Douglas K. Sheff Prince Building, Suite 8B 63 Atlantic Avenue Boston, MA 02110-	Name of Employer Self-employed Occupation Attorney	Date (month, day, year) 08/09/2000	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		
C. Full Name, Mailing Address and Zip Code Marion D. Short 8 Merilane Edina, MN 55436-	Name of Employer Leamington Company Occupation President	Date (month, day, year) 07/12/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
D. Full Name, Mailing Address and Zip Code Gretchen D. Sieben 1625 Wild Ridge Court South Newport, MN 55055-	Name of Employer Occupation Homemaker	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
E. Full Name, Mailing Address and Zip Code John P. Sieben 3651 Bailey Ridge Court Woodbury, MN 55125-	Name of Employer Sieben Polk LaVerdiere et al Occupation Attorney	Date (month, day, year) 08/14/2000	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 -> 200.00		
F. Full Name, Mailing Address and Zip Code William R. Sieben 1201 Southview Drive Hastings, MN 55033-	Name of Employer Schwabel Goetz & Sieben Occupation Attorney	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,250.00		
G. Full Name, Mailing Address and Zip Code Phil Sieff 4000 Sunset Boulevard St. Louis Park, MN 55415-	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney	Date (month, day, year) 07/03/2000	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		

SUBTOTAL of Receipts This Page (optional)	3,850.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (in full)
Ciresi for Senate

<p>A. Full Name, Mailing Address and Zip Code Kenneth M. Sigelman, M.D. 1901 First Avenue 2nd Floor San Diego, CA 92101-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Kenneth M. Sigelman & Assoc. Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/13/2000</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Peter W. Siphins 220 South 6th Street Minneapolis, MN 55402-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Dorsey & Whitney Occupation Attorney</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 07/11/2000</p>	<p>Amount of each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code William E. Sneed 4148 Dietz Farm Circle NW Albuquerque, NM 87107-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer William E. Sneed, P.C. Occupation Attorney</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 08/17/2000</p>	<p>Amount of each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code James G. Sokolove 744 Newton Street Chestnut Hill, MA 02467-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Law Off. of James G. Sokolove Occupation President</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/25/2000</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Amy Fisch Solomon 430 Crane Boulevard Los Angeles, CA 90065-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Girardi & Keese Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/22/2000</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Ahron M. Solomont 31 Hyslop Road Extension Brookline, MA 02445-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer 5 Star Group Occupation Salesman</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/31/2000</p>	<p>Amount of each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Sheera A. Solomont 31 Hyslop Road Extension Brookline, MA 02445-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Homemaker</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/31/2000</p>	<p>Amount of each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

5,750.00

TOTAL This Period (last page this line number only)

Any information copied from such Reports and Receipts 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christine Spagnoli 100 Wilshire Boulevard 21st Floor Santa Monica, CA 90401-	Greene, Briollet, Taylor et al Occupation: Attorney	08/22/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard A. Specter 1003 The Remington 8665 Bay Colony Drive Naples, FL 34109-	Specter Specter Evans et al Occupation: Attorney	07/10/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gwynne Steiner 36 Gideons Point Road Tonka Bay, MN 55331-	Occupation: Homemaker	07/15/2000	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	100.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gwynne Steiner 36 Gideons Point Road Tonka Bay, MN 55331-	Occupation: Homemaker	08/06/2000	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	200.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Steiner 1117 Sugarbush Lane Waconia, MN 55387-	Steiner Development, Inc. Occupation: Developer	07/05/2000	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	100.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Steiner 1117 Sugarbush Lane Waconia, MN 55387-	Steiner Development, Inc. Occupation: Developer	08/15/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	600.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann W. Stevenson 190 South Orange Avenue Sanford, FL 32771-	Volusia County School Board Occupation: Public School Administrator	08/22/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	3,800.00
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

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

<p>A. Full Name, Mailing Address and Zip Code Thomas J. Stevenson 180 South Orange Avenue Sanford, FL 32771-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Paulucci International</p> <p>Occupation Vice President of Real Estate</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/22/2000</p>	<p>AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code David C. Strouss 45 Candlewood Lane Ipswich, MA 01938-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Thornton & Naumes LLP</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/25/2000</p> <p>Event Expense</p>	<p>AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00</p> <p>IN-KIND</p>
<p>C. Full Name, Mailing Address and Zip Code Paul R. Sugarman 5 Colony Road Lexington, MA 02420-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Sugarman & Sugarman P.C.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 07/25/2000</p>	<p>AMOUNT OF EACH RECEIPT THIS PERIOD 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Kenneth M. Suggs 500 Taylor Street P.O. Box 8113 Columbia, SC 29202-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Suggs & Kolly</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/08/2000</p>	<p>AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Edward M. Swartz 10 Marshall Street Boston, MA 02108-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Swartz & Swartz</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/24/2000</p>	<p>AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Edward D. Tanenhaus 6 Walworth Avenue Scarsdale, NY 10583-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER Thornton & Tanenhaus</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/25/2000</p>	<p>AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Ruth A. Tanenhaus 6 Walworth Avenue Scarsdale, NY 10583-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>NAME OF EMPLOYER</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 07/25/2000</p>	<p>AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>6,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category on the Detailed Summary page

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 Anthony Tarricone 95 Commercial Wharf Boston, MA 02110-3816		Name of Employer Sarrouf Tarricone & Fleming Occupation Attorney	Date (month, day, year) 07/25/2000 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	
B. Full Name, Mailing Address and Zip Code Mark A. Tate 5 Heron's Nest Savannah, GA 31410-		Name of Employer Middleton Mathis Adams & Tate Occupation Attorney	Date (month, day, year) 08/01/2000 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	
C. Full Name, Mailing Address and Zip Code Jennifer Jewell Thomas 4744 Thomas Avenue South Minneapolis, MN 55410-		Name of Employer Self-employed Occupation Consultant	Date (month, day, year) 08/17/2000 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	
D. Full Name, Mailing Address and Zip Code John C. Thornton 450 Newport Center Drive Suite 225 Newport Beach, CA 92660-		Name of Employer Andrews & Thornton Occupation Attorney	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)		Partnership -> Andrews & Thornton	Aggregate Year-to-Date -> 250.00 MEMO
E. Full Name, Mailing Address and Zip Code Andrews & Thornton 450 Newport Center Drive Suite 225 Newport Beach, CA 92660-		Name of Employer Partnership Attribution Listed Individually Occupation See separate listing for partnership	Date (month, day, year) Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ->	
F. Full Name, Mailing Address and Zip Code Michael P. Thornton 100 Summer Street 30th Floor Boston, MA 02110-		Name of Employer Thornton & Naumes LLP Occupation Attorney	Date (month, day, year) 07/25/2000 Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 1,000.00 IN-KIND	
G. Full Name, Mailing Address and Zip Code W. Frederick Uehlein 12 Columbine Road Weston, MA 02493-		Name of Employer Insurance Recovery Group Occupation Executive	Date (month, day, year) 07/25/2000 Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 1,000.00	

SUBTOTAL of Receipts This Page (optional)	3,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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 campaign 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	Name of Employer	Date (month, day, year)	Amount of each Receipt this Period
Peter W. Vaughan 1976 Sheridan Avenue South Minneapolis, MN 55405-	Macalester College Occupation: Professor	08/02/2000	750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	750.00	
B. Full Name, Mailing Address and Zip Code Andrew S. Wainwright 52 Essex Road Ipswich, MA 01938-	Thornton & Naumes LLP Occupation: Attorney	07/25/2000 Event Expense	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	IN-KIND
C. Full Name, Mailing Address and Zip Code Edwin L. Wallace 11 Herrick Street Winchester, MA 01890-	Thornton & Naumes LLP Occupation: Attorney	07/25/2000 Event Expense	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	IN-KIND
D. Full Name, Mailing Address and Zip Code H. William Walter 5229 Morgan Avenue South Minneapolis, MN 55419-	Heartland Realty Occupation: President	07/15/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code William M. Wardlaw 11100 Santa Monica Boulevard Suite 1900 Los Angeles, CA 90025-	Freeman, Spogli & Co. Occupation: Partner	07/15/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code Harry F. Wartnick 2545 Lyon Street San Francisco, CA 94123-	Wartnick Chaber Harowitz et al Occupation: Attorney	07/25/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code Lynne Wasserman 514 Doheny Road Beverly Hills, CA 90210-	Self-employed Occupation: Attorney	07/24/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)

6,000.00

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

Any information copied from such Reports and Statements may not be used 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 Felicia Weitz 1 Sydney Road Huntington Bay, NY 11743-	Name of Employer Occupation Homemaker	Date (month, day, year) 09/09/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
B. Full Name, Mailing Address and Zip Code Felicia Weitz 1 Sydney Road Huntington Bay, NY 11743-	Name of Employer Occupation Homemaker	Date (month, day, year) 09/09/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		
C. Full Name, Mailing Address and Zip Code David K. Wickstrom 533 Otis Avenue Saint Paul, MN 55104-	Name of Employer Occupation Retired	Date (month, day, year) 08/23/2000	Amount of each Receipt this Period 150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
D. Full Name, Mailing Address and Zip Code K. Craig Wildfang 19387 Nicklaus Way Eden Prairie, MN 55347-	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney	Date (month, day, year) 08/23/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
E. Full Name, Mailing Address and Zip Code K. Craig Wildfang 19387 Nicklaus Way Eden Prairie, MN 55347-	Name of Employer Robins Kaplan Miller & Ciresi Occupation Attorney	Date (month, day, year) 08/23/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		
F. Full Name, Mailing Address and Zip Code Joanne T. Williams 13386 Bear Road Cowlesville, NY 14037-	Name of Employer DiNardo Law Firm, P.C. Occupation Office Manager	Date (month, day, year) 07/27/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code Joanne T. Williams 13386 Bear Road Cowlesville, NY 14037-	Name of Employer DiNardo Law Firm, P.C. Occupation Office Manager	Date (month, day, year) 07/27/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		

SUBTOTAL , of Receipts This Page (optional)	6,150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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 Marie Shaw Wolpert 336 Natchez Avenue North Minneapolis, MN 55422-	Name of Employer Occupation Retired	Date (month, day, year) 08/19/2000	Amount of each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
B. Full Name, Mailing Address and Zip Code John Yackel 20 East Golden Lake Road Circle Pines, MN 55014-	Name of Employer Occupation Retired	Date (month, day, year) 07/27/2000	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		
C. Full Name, Mailing Address and Zip Code Valerie A. Yarashus 64 Fairview Street Holliston, MA 01746-	Name of Employer Sugarman & Sugarman P.C. Occupation Attorney	Date (month, day, year) 08/14/2000	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		
D. Full Name, Mailing Address and Zip Code Albert P. Zabin 1 Page Road Lexington, MA 02173-	Name of Employer Schneider Reilly LLP Occupation Attorney	Date (month, day, year) 07/26/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	1,950.00
TOTAL This Period (last page this line number only)	167,400.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed Summary page

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 Lockridge Grindal Nauen PLLP Pol. Fund 100 Washington Avenue South Suite 2200 Minneapolis, MN 55401-	Name of Employer Occupation	Date (month, day, year) 07/12/2000 Event Expense	Amount of each Receipt this Period 51.36
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		51.36 IN-KIND
B. Full Name, Mailing Address and Zip Code Lockridge Grindal Nauen PLLP Pol. Fund 100 Washington Avenue South Suite 2200 Minneapolis, MN 55401-	Name of Employer Occupation	Date (month, day, year) 07/12/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		1,051.36
C. Full Name, Mailing Address and Zip Code Carpenters' Legislative Improvement Comm 101 Constitution Avenue NW Washington, DC 20001-	Name of Employer Occupation	Date (month, day, year) 07/24/2000	Amount of each Receipt this Period 5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		5,000.00
D. Full Name, Mailing Address and Zip Code Bi-County Political Action Committee 190 Willis Avenue Mineola, NY 11501-	Name of Employer Occupation	Date (month, day, year) 08/03/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		1,000.00
E. Full Name, Mailing Address and Zip Code Lindquist & Vonnium PLLP PAC 80 South 8th Street 4203 IDS Center Minneapolis, MN 55402-	Name of Employer Occupation	Date (month, day, year) 08/23/2000	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
F. Full Name, Mailing Address and Zip Code National Check Cashers Assn. Inc., PAC Court Plaza North 25 Main Street Hackensack, NJ 07602-	Name of Employer Occupation	Date (month, day, year) 08/23/2000	Amount of each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		1,000.00
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (month, day, year) / /	Amount of each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	3,301.36
TOTAL This Period (last page this line number only)	3,301.36

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 V. Ciresi 1247 Culligan Lane Mendota Heights, MN 55118-	NAME OF EMPLOYER Occupation	DATE (month, day, year) 08/23/2000	AMOUNT OF EACH RECEIPT THIS PERIOD 1,500,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 4,121,449.87		
B. Full Name, Mailing Address and Zip Code	NAME OF EMPLOYER Occupation	DATE (month, day, year) / /	AMOUNT OF EACH RECEIPT THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
C. Full Name, Mailing Address and Zip Code	NAME OF EMPLOYER Occupation	DATE (month, day, year) / /	AMOUNT OF EACH RECEIPT THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code	NAME OF EMPLOYER Occupation	DATE (month, day, year) / /	AMOUNT OF EACH RECEIPT THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	NAME OF EMPLOYER Occupation	DATE (month, day, year) / /	AMOUNT OF EACH RECEIPT THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	NAME OF EMPLOYER Occupation	DATE (month, day, year) / /	AMOUNT OF EACH RECEIPT THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	NAME OF EMPLOYER Occupation	DATE (month, day, year) / /	AMOUNT OF EACH RECEIPT THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	1,500,000.00
TOTAL This Period [last page this line number only]	1,500,000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

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	NAME OF EMPLOYER	Date (month, day, year)	AMOUNT OF EACH RECEIPT THIS PERIOD
Fire Fighters Association of Minneapolis 525 2nd Avenue South #417 Minneapolis, MN 55402-	AD REFUND	07/19/2000	800.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	800.00	
B. Full Name, Mailing Address and Zip Code	NAME OF EMPLOYER	Date (month, day, year)	AMOUNT OF EACH RECEIPT THIS PERIOD
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
C. Full Name, Mailing Address and Zip Code	NAME OF EMPLOYER	Date (month, day, year)	AMOUNT OF EACH RECEIPT THIS PERIOD
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code	NAME OF EMPLOYER	Date (month, day, year)	AMOUNT OF EACH RECEIPT THIS PERIOD
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	NAME OF EMPLOYER	Date (month, day, year)	AMOUNT OF EACH RECEIPT THIS PERIOD
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	NAME OF EMPLOYER	Date (month, day, year)	AMOUNT OF EACH RECEIPT THIS PERIOD
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	NAME OF EMPLOYER	Date (month, day, year)	AMOUNT OF EACH RECEIPT THIS PERIOD
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	800.00

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for each category of the Detailed Summary page

Any information reported 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	NAME of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lake Elmo Bank 11465 39th Street North Lake Elmo, MN 55042-	INTEREST	07/02/2000	465.71
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	2,504.43
B. Full Name, Mailing Address and Zip Code	NAME of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lake Elmo Bank 11465 39th Street North Lake Elmo, MN 55042-	INTEREST	07/31/2000	1,803.85
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	4,308.28
C. Full Name, Mailing Address and Zip Code	NAME of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pershing P.O. Box 2054 1 Pershing Plaza Jersey City, NJ 07303-	INTEREST	07/31/2000	391.48
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	859.92
D. Full Name, Mailing Address and Zip Code	NAME of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
E. Full Name, Mailing Address and Zip Code	NAME of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
F. Full Name, Mailing Address and Zip Code	NAME of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
G. Full Name, Mailing Address and Zip Code	NAME of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	

SUBTOTAL of Receipts This Page (optional)	2,661.04
TOTAL This Period (last page this line number only)	2,661.04

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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			
Full Name, Mailing Address and Zip Code Lockridge Grindal Mauch PLLP Pol. Fund 100 Washington Avenue South Suite 2200 Minneapolis, MN 55401-	Purpose of Disbursement Event Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (Month, day, year) 07/12/2000	Amount of Each Disbursement This Period 51.36 IN KIND
Full Name, Mailing Address and Zip Code ADT Security 2561 Territorial Road Saint Paul, MN 55114-	Purpose of Disbursement Utilities Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (Month, day, year) 07/19/2000	Amount of Each Disbursement This Period 89.95
Full Name, Mailing Address and Zip Code ADT Security 2561 Territorial Road Saint Paul, MN 55114-	Purpose of Disbursement Utilities Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (Month, day, year) 08/01/2000	Amount of Each Disbursement This Period 85.60
Full Name, Mailing Address and Zip Code Affordable Office Supply 822 North Prior Avenue Saint Paul, MN 55105-	Purpose of Disbursement Office Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (Month, day, year) 07/23/2000	Amount of Each Disbursement This Period 75.00
Full Name, Mailing Address and Zip Code ALC Financial Corporation 255 University Avenue Saint Paul, MN 55103-	Purpose of Disbursement Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (Month, day, year) 07/01/2000	Amount of Each Disbursement This Period 1,287.18
Full Name, Mailing Address and Zip Code ALC Financial Corporation 255 University Avenue Saint Paul, MN 55103-	Purpose of Disbursement Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (Month, day, year) 07/23/2000	Amount of Each Disbursement This Period 1,287.18
Full Name, Mailing Address and Zip Code Ambrosino, Muir and Hansen 310 A Street NE Washington, DC 20002-	Purpose of Disbursement Mailing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (Month, day, year) 07/03/2000	Amount of Each Disbursement This Period 103,170.00

SUBTOTAL of Disbursements This Page (optional)	106,045.27
TOTAL This Period (last page this line number only)	

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ambrosino, Muir and Hansen 310 A Street NE Washington, DC 20002-	Mailing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/23/2000	519.00
Wireless Services AT&T PO Box 558 Pittsburgh, PA 15230-	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	478.18
Wireless Services AT&T PO Box 558 Pittsburgh, PA 15230	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	595.26
Blue Cross Blue Shield 3535 Blue Cross Road P.O. Box 64676 Saint Paul, MN 55146-	Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	1,945.60
Blue Cross Blue Shield 3535 Blue Cross Road P.O. Box 64676 Saint Paul, MN 55146-	Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	2,889.10
Brede Exposition Service 2211 Broadway Street NE Minneapolis, MN 55413-	Rental Fees for Booth Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	296.07
Carrie Bromeland 1410 D Street SE Washington, DC 20003-	Office Supplies Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	237.49

SUBTOTAL of Disbursements This Page (optional)

6,960.70

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
Carrie Bromeland 1410 D Street SE Washington, DC 20003-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	2,399.78
Carrie Bromeland 1410 D Street SE Washington, DC 20003-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	2,533.12
Carrie Bromeland 1410 D Street SE Washington, DC 20003-	Travel Expenses Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	222.26
Russell Brooks 415 7th Avenue Northeast Rear Apartment Minneapolis, MN 55413-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/2000	1,000.00
Robert Byrne 20 Apple Lane Milton, MA 02186-	Event Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/2000	1,000.00 IN KIND
Canadian Honker Hospitality 30 Civic Center Drive SE Rochester, MN 55904-	Convention Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	1,324.47
Darius Casey 1192 Hague Avenue Saint Paul, MN 55104-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	1,297.98

SUBTOTAL of Disbursements This Page (optional)	9,777.61
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Darius Casey 1192 Hague Avenue Saint Paul, MN 55104-	Office Supplies Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	22.64
Alana Christensen 3130 Mondamin Street Minneapolis, MN 55417-	Office Supplies and Travel Reimburs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	216.62
Alana Christensen 3130 Mondamin Street Minneapolis, MN 55417-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	2,771.90
Alana Christensen 3130 Mondamin Street Minneapolis, MN 55417-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	2,818.62
Alana Christensen 3130 Mondamin Street Minneapolis, MN 55417-	Office Expenses Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	41.82
Adam Ciresi 975 Hoyt Avenue West Saint Paul, MN 55117-	Travel and Office Supply Reimbursen Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	164.47
Adam Ciresi 975 Hoyt Avenue West Saint Paul, MN 55117-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	1,616.70

SUBTOTAL of Disbursements This Page (optional)	7,852.77
TOTAL This Period (last page this line number only)	

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Adam Ciresi 975 Hoyt Avenue West Saint Paul, MN 55117-	Travel Reimbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	163.83
Adam Ciresi 975 Hoyt Avenue West Saint Paul, MN 55117-	Travel Reimbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	148.54
Dominic Ciresi 975 Hoyt Avenue Saint Paul, MN 55117-	Salary Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	1,812.54
Ciresi Liquor 2148 Thrid Street Saint Paul, MN 55110-	Event Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	687.83
Ciresi Liquor 2148 Thrid Street Saint Paul, MN 55110-	Event Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	162.06
AMS Communications 447 Battery Street San Francisco, CA 94111-	Mailing Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	5,715.00
Culligan Water P.O. Box 1609 Minneapolis, MN 55401-	Office Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	48.53

SUBTOTAL of Disbursements This Page (optional)

8,738.43

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 39
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Culligan Water P.O. Box 1609 Minneapolis, MN 55401-	Office Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	94.65
Cygnus Expositions 891 Cliff Road East #201 Burnsville, MN 55337-	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/13/2000	495.00
Dahl Copiers 207 North Main Street PO Box 136 Stewartville, MN 55976-	Office Equipment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	856.43
Data Mail 945 North Broadway Street Minneapolis, MN 55413-	Mailing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/2000	3,571.72
Robert Decheine 1410 D Street, SE Washington, DC 20003-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	6,635.15
Robert Decheine 1410 D Street, SE Washington, DC 20003-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	6,696.15
Scott Dickman 215 Oak Grove Street Number 1111 Minneapolis, MN 55403-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	1,354.11

SUBTOTAL of Disbursements This Page (optional)

19,703.21

TOTAL This Period (last page this line number only)

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Dybvig 622 Hickory St. W Stillwater, MN 55082-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/01/2000	2,646.87
John Dybvig 622 Hickory St. W Stillwater, MN 55082-	Office Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/01/2000	29.72
John Dybvig 622 Hickory St. W Stillwater, MN 55082-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/01/2000	2,655.68
Elsinore Services LLC 4000 Cathedral Avenue NW #428-B Washington, DC 20016.	Consulting Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/01/2000	4,098.98
Family Times Inc PO Box 16422 St. Louis Park, MN 55416-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/25/2000	4,300.00
Fifth Congressional District Treasurer: Charlie Johnson 1316 Boardwalk Place Minneapolis, MN 55411-	Convention Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/01/2000	50.00
Fifth Congressional District Treasurer: Charlie Johnson 1316 Boardwalk Place Minneapolis, MN 55411-	Convention Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/19/2000	25.00

SUBTOTAL of Disbursements This Page (optional)

13,806.25

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the detailed summary page

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
Lindy Fleming 740 Mississippi Blvd. St. Paul, MN -	Travel Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/01/2000	19.00
Lindy Fleming 740 Mississippi Blvd. St. Paul, MN -	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/01/2000	802.41
Lindy Fleming 740 Mississippi Blvd. St. Paul, MN -	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/01/2000	807.74
Lindy Fleming 740 Mississippi Blvd. St. Paul, MN -	Travel Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/01/2000	128.76
Lindy Fleming 740 Mississippi Blvd. St. Paul, MN	Office Supplies Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/07/2000	57.48
Good Age 570 Asbury Street, Suite 305 Saint Paul, MN 55104-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/17/2000	5,125.00
Melissa Goodman 1174 West 14th Street Hastings, MN 55033-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/01/2000	884.02

SUBTOTAL of Disbursements This Page (optional)

7,534.61

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed budgetary page

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Melissa Goodman 1174 West 14th Street Hastings, MN 55033-	Travel Reimbursement Disbursement for: <input type="checkbox"/> Privacy <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	49.00
Melissa Goodman 1174 West 14th Street Hastings, MN 55033-	Office Expense Reimbursement Disbursement for: <input type="checkbox"/> Privacy <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	18.60
Melissa Goodman 1174 West 14th Street Hastings, MN 55033-	Salary Disbursement for: <input type="checkbox"/> Privacy <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	1,876.36
Graphic Consultant Inc. 1410 Energy Park Drive Suite 9 Saint Paul, MN 55108-	Computer Expense Disbursement for: <input type="checkbox"/> Privacy <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	235.40
GTS Inc. 1191 Hillcrest Court Woodbury, MN 55125-	Telephone Expense Disbursement for: <input type="checkbox"/> Privacy <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	781.42
GTS Inc. 1191 Hillcrest Court Woodbury, MN 55125-	Telephone Expense Disbursement for: <input type="checkbox"/> Privacy <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/23/2000	192.55
Katherine Harlow 2775 Thomas Avenue South Minneapolis, MN 55416-	Salary Disbursement for: <input type="checkbox"/> Privacy <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	461.75

SUBTOTAL of Disbursements This Page (optional)	3,615.18
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Primary Page

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NAME OF COMMITTEE (in full)
Ciresi for Senate

Full name, mailing address and zip code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Janis Heasley 9740 The Corral Drive Potomac, MD 20854-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	5,714.21
Janis Heasley 9740 The Corral Drive Potomac, MD 20854-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	5,714.21
Mark Hinde 225 West 15th Street #415 Minneapolis, MN 55403-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	1,838.93
Mark Hinde 225 West 15th Street #415 Minneapolis, MN 55403-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	104.17
Mark Hinde 225 West 15th Street #415 Minneapolis, MN 55403-	Office Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/2000	337.23
Mark Hinde 225 West 15th Street #415 Minneapolis, MN 55403-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	1,876.36
Mark Hinde 225 West 15th Street #415 Minneapolis, MN 55403-	Travel Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	195.91

SUBTOTAL of Disbursements This Page (optional)	15,781.02
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
Impact Printing 1067 Rice Street Saint Paul, MN 55117-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	10,532.29
Impact Printing 1067 Rice Street Saint Paul, MN 55117-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	85.55
Impact Printing 1067 Rice Street Saint Paul, MN 55117-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	105.93
Impact Printing 1067 Rice Street Saint Paul, MN 55117-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	3,580.80
Impact Printing 1067 Rice Street Saint Paul, MN 55117-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/2000	6,434.58
Impact Printing 1067 Rice Street Saint Paul, MN 55117-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	6,434.58
Impact Printing 1067 Rice Street Saint Paul, MN 55117-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	852.64

SUBTOTAL of Disbursements This Page (Optional)	28,126.37
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, mailing address and zip code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Impact Printing 1067 Rice Street Saint Paul, MN 55117-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	250.38
Impact Printing 1067 Rice Street Saint Paul, MN 55117-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	416.68
Insight News PO Box 581367 Minneapolis, MN 55458-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	854.00
Inver Grove Ford 4725 South Robert Trail Inver Grove Heights, MN 55077-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	46.02
Jeans Property Management 948 Rice Street Saint Paul, MN 55117-	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	2,200.00
Jeans Property Management 948 Rice Street Saint Paul, MN 55117-	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/23/2000	2,200.00
Terence Jesse 241 Spring Street Cary, IL 60013-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/31/2000	648.59

SUBTOTAL of Disbursements This Page (optional)	6,615.67
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category of the detailed summary page

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas Jwanouskos 1934 Portland Avenue Saint Paul, MN 55104-	Mailing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/09/2000	500.00
Thomas Jwanouskos 1934 Portland Avenue Saint Paul, MN 55104-	Mailing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/09/2000	8,105.06
Thomas Jwanouskos 1934 Portland Avenue Saint Paul, MN 55104-	Mailing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/21/2000	5,430.40
Thomas Jwanouskos 1934 Portland Avenue Saint Paul, MN 55104-	Mailing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/2000	3,704.00
Thomas Jwanouskos 1934 Portland Avenue Saint Paul, MN 55104-	Mailing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	910.00
Thomas Jwanouskos 1934 Portland Avenue Saint Paul, MN 55104-	Mailing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	18,009.00
Thomas Jwanouskos 1934 Portland Avenue Saint Paul, MN 55104-	Mailing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/10/2000	5,039.39

SUBTOTAL of Disbursements This Page (optional)

41,697.85

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas Jwanouskos 1934 Portland Avenue Saint Paul, MN 55104-	Mailing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/21/2000	1,970.00
Lakeville Pan-O-Prog Parade TAE Contracting 941 8th Street Farmington, MN 55024-	Parade Entry Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	250.00
LaserPlus 2544 Cohansey Street Saint Paul, MN 55113-	Office Products Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/27/2000	266.43
LaserPlus 2544 Cohansey Street Saint Paul, MN 55113-	Office Equipment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	409.99
Lavender Magazine 2344 Nicollet Avenue Minneapolis, MN 55404-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	845.00
Neil Leifer 16 Kingswood Road Auburndale, MA 02466-	Event Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/2000	1,000.00 IN KIND
Liberty Envelope 7550 Corporate Way Eden Prairie, MN 55344-	Mailing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	398.02

SUBTOTAL of Disbursements This Page (optional)	3,139.44
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

One separate schedule (a) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Leora Maccabee 1961 Selby Avenue Saint Paul, MN 55104-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	352.38
Leora Maccabee 1961 Selby Avenue Saint Paul, MN 55104-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	645.16
Video Marketing By 7220 Washington Avenue South Eden Prairie, MN 55344-	Computer Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	327.96
Video Marketing By 7220 Washington Avenue South Eden Prairie, MN 55344-	Computer Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	184.58
Jeremy Martinez 3855 147th Street West Rosemount, MN 55068-	Travel and Office Supplies Reimburs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	141.41
Jeremy Martinez 3855 147th Street West Rosemount, MN 55068-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	1,482.68
Jeremy Martinez 3855 147th Street West Rosemount, MN 55068-	Travel Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	135.65

SUBTOTAL of Disbursements This Page (optional)

3,269.82

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeremy Martinez 3855 147th Street West Rosemount, MN 55068-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	1,524.86
Jeremy Martinez 3855 147th Street West Rosemount, MN 55068-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/18/2000	1,524.86
Jeremy Martinez 3855 147th Street West Rosemount, MN 55068-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/21/2000	381.00
MCI 20855 Stone Oak Parkway San Antonio, TX 78258-	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	114.54
MCI 20855 Stone Oak Parkway San Antonio, TX 78258-	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/23/2000	644.54
David McMorris 89 Doane Street Cohasset, MA 02025-	Event Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/2000	1,000.00 IN KIND
Media One 10 Riverpark Plaza Saint Paul, MN 55107-	Utilities Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	94.47

SUBTOTAL of Disbursements This Page (optional)	5,269.27
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Media One 10 Riverpark Plaza Saint Paul, MN 55107-	Utilities Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	94.47
Mellman Group 1000 Thomas Jefferson Street NW Suite 520 Washington, DC 20007-	Research Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	32,446.59
Minneapolis Club 729 Second Avenue South Minneapolis, MN 55402-	Event Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	256.60
Minnesota Clipping Service 12 South 5th Street Suite 1237 Minneapolis, MN 55402-	News Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	363.68
Minnesota Clipping Service 12 South 5th Street Suite 1237 Minneapolis, MN 55402-	News Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	245.60
MN Mini-Storage 55 East County Road B Saint Paul, MN 55117-	Rental Space Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	179.00
MN Senior News 555 Park Street, Suite 110 Saint Paul, MN 55103-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/2000	1,745.00

SUBTOTAL of Disbursements This Page (optional)

35,330.94

TOTAL This Period (last page this line number only)

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MN State Fair 1265 Snelling Avenue North Saint Paul, MN 55105-	Rental Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/2000	500.00
Mondo Italiano 819 West 86th Street Minneapolis, MN 55420-	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/2000	1,460.00
Robert Naumas 14 Old Stable Lane North Easton, MA 02356-	Event Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/2000	900.00 IN KIND
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	10,000.00
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/09/2000	29,308.00
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	1,328.70
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	10,000.00

SUBTOTAL of Disbursements This Page (optional)

53,498.70

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/12/2000	21,362.24
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/2000	13,158.00
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/2000	842.00
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/2000	25,109.35
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/27/2000	148,583.82
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/27/2000	12,770.03
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	110,416.24

SUBTOTAL of Disbursements This Page (optional)	332,241.68
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	10,000.00
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/2000	292,456.92
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/2000	3,221.43
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/21/2000	149,384.47
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/21/2000	10,870.61
Northwoods Advertising 200 Textile Building 119 North Fourth Street Minneapolis, MN 55401-	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/22/2000	25,374.50
Northern Mortgage Company 1633 Hwy 10 NE Suite 4 Minneapolis, MN 55432-	Telephone Equipment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	5,000.00

SUBTOTAL of Disbursements This Page (optional)	495,307.93
TOTAL This Period (last page this line number only)	

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Northern States Power Company PO Box 9477 Minneapolis, MN 55484-	Utilities Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	17.23
Northern States Power Company PO Box 9477 Minneapolis, MN 55484-	Utilities Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	641.97
Northern States Power Company PO Box 9477 Minneapolis, MN 55484-	Utilities Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	17.23
Northern States Power Company PO Box 9477 Minneapolis, MN 55484-	Utilities Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	614.34
November Group, Inc. 4932 Fremont Avenue South Minneapolis, MN 55409-	Consulting Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	10,000.00
Cap O'Rourke 4749 Spring Circle Minnetonka, MN 55345-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	1,342.31
Cap O'Rourke 4749 Spring Circle Minnetonka, MN 55345-	Office Supplies and Travel Reimburs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	221.14

SUBTOTAL of Disbursements This Page (optional)

12,854.22

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the detailed Summary Page

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
Cap O'Rourke 4749 Spring Circle Minnetonka, MN 55345-	Travel Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	461.67
Cap O'Rourke 4749 Spring Circle Minnetonka, MN 55345-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	1,876.36
Oak Tree Associates 648 Prior Avenue Saint Paul, MN 55104-	Consulting Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	250.00
Adam Olson 513 Mary Lane Courtland, MN 56021-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	807.74
Paul Omodt 3201 Edgewood Avenue South Saint Louis Park, MN 55426-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	4,413.61
Paul Omodt 3201 Edgewood Avenue South Saint Louis Park, MN 55426-	Travel Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	205.30
Paul Omodt 3201 Edgewood Avenue South Saint Louis Park, MN 55426-	Health and Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	355.06

SUBTOTAL of Disbursements This Page (optional)

8,359.74

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category of the detailed Summary Page	PAGE 23	OF 39
	FOR LINE NUMBER 17	

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paul Omodt 3201 Edgewood Avenue South Saint Louis Park, MN 55426-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	4,501.27
Paul Omodt 3201 Edgewood Avenue South Saint Louis Park, MN 55426-	Travel Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/18/2000	100.02
PC Signs 2534 Commerce Blvd. Cincinnati, OH 45241-	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	6,180.92
Poligraphics 287 East Sixth Street Saint Paul, MN 55101-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	38,124.10
U.S. Postmaster 40 Arlington Avenue East Saint Paul, MN 55103-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/09/2000	2,000.00
U.S. Postmaster 40 Arlington Avenue East Saint Paul, MN 55103-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/2000	11,000.00
U.S. Postmaster 40 Arlington Avenue East Saint Paul, MN 55103-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/2000	495.00

SUBTOTAL of Disbursements This Page (optional)	82,401.31
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page	PAGE	OF
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FOR LINE NUMBER		
17		

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NAME OF COMMITTEE (in full)
 Ciresei for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster 40 Arlington Avenue East Saint Paul, MN 55103-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	55,301.31
U.S. Postmaster 40 Arlington Avenue East Saint Paul, MN 55103-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/05/2000	2,200.00
U.S. Postmaster 40 Arlington Avenue East Saint Paul, MN 55103-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	81.60
U.S. Postmaster 40 Arlington Avenue East Saint Paul, MN 55103-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/10/2000	330.00
U.S. Postmaster 40 Arlington Avenue East Saint Paul, MN 55103-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/10/2000	18,500.00
U.S. Postmaster 40 Arlington Avenue East Saint Paul, MN 55103-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/21/2000	47,379.00
U.S. Postmaster 40 Arlington Avenue East Saint Paul, MN 55103-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/22/2000	495.00

SUBTOTAL of Disbursements This Page (optional)	124,286.91
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
Binder Printing 622 Sims Avenue Saint Paul, MN 55101-	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	2,146.15
Binder Printing 622 Sims Avenue Saint Paul, MN 55101-	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	474.01
Public Action Communications 400 Valley High Road Burnsville, MN 55337-	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	186.38
Public Action Communications 400 Valley High Road Burnsville, MN 55337-	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	225.85
Public Action Communications 400 Valley High Road Burnsville, MN 55337-	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	1,794.53
Aristotle Publishing 205 Pennsylvania Avenue SE Washington, DC 20003-	Computer Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	286.50
Aaron Rapport 5501 River Bluff Curve Bloomington, MN 55437-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	807.74

SUBTOTAL of Disbursements This Page (optional)	5,921.16
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aaron Rapport 5531 River Bluff Curve Bloomington, MN 55437-	Travel Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	59.80
Marcee Party Rental Inc. P.O. Box 16183 St. Louis Park, MN 55416-	Event Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/2000	449.44
Rice Street Festival Curt Lonsdroche 4008 West 31st Street St. Louis Park, MN 55416-	Parade Entry Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	250.00
RLM Graphics 1615 East Lake Street Saint Paul, MN 55117-	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	1,698.50
RLM Graphics 1615 East Lake Street Saint Paul, MN 55117-	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	1,250.00
RLM Graphics 1615 East Lake Street Saint Paul, MN 55117-	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/22/2000	1,220.75
Rochester Marriott 101 SW 1st Avenue Rochester, MN 55902-	Convention Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	1,138.09

SUBTOTAL of Disbursements This Page (optional)	6,066.58
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chad Schmid 4309 18th Avenue South Minneapolis, MN 55407-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/01/2000	1,262.70
Chad Schmid 4309 18th Avenue South Minneapolis, MN 55407-	Travel Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/15/2000	203.70
Setty Schneider 325 Lake Avenue North Spicer, MN 56288-	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/08/2000	800.00
Laura Schneider 1861 South Lane Saint Paul, MN 55118-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/01/2000	855.22
Laura Schneider 1861 South Lane Saint Paul, MN 55118-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/01/2000	855.22
Skyway Publications 10001 Wayzata Blvd. Minnetonka, MN 55305-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/03/2000	4,906.75
Southwest Journal 3225 Lyndale Avenue South Minneapolis, MN 55408-	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/15/2000	1,980.00

SUBTOTAL of Disbursements This Page (optional)	10,863.59
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed category page

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NAME OF COMMITTEE (in Full)

Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sprint PO Box 530503 Atlanta, GA 30353-	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	40.06
St. Croix Events Inc. PO Box 311 Stillwater, MN 55082-	Parade Entry Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	250.00
St. Paul Publishing 1643 South Robert Street Saint Paul, MN 55118-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	1,560.80
David Strouse 45 Candlewood Lane Ipswich, MA 01938-	Event Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/2000	1,000.00 IN KIND
Teletek Corp. 4215 White Bear Parkway, Suite 200 Saint Paul, MN 55110-	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	83.75
Teletek Corp. 4215 White Bear Parkway, Suite 200 Saint Paul, MN 55110-	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	245.00
Nathan Thompson 11137 Rhode Island Avenue South Bloomington, MN 55438-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	447.74

SUBTOTAL of Disbursements This Page (optional)

3,627.35

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in full)
 Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Nathan Thompson 11137 Rhode Island Avenue South Bloomington, MN 55438-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/01/2000	447.74
Michael Thornton 100 Summer Street 30th Floor Boston, MA 02110-	Event Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/25/2000	1,000.00 IN KIND
Jon Tollefson 14301 Coronet Drive Minnetonka, MN 55345-	Travel Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/01/2000	24.61
Jon Tollefson 14301 Coronet Drive Minnetonka, MN 55345-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/01/2000	760.25
Town and Country 300 Mississippi Boulevard North Saint Paul, MN 55104-	Event Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/01/2000	1,082.97
Tractor Supply Company 496 Farwell Avenue South Saint Paul, MN 55075-	Sign Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/18/2000	189.57
Tractor Supply Company 496 Farwell Avenue South Saint Paul, MN 55075-	Sign Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/23/2000	56.87

SUBTOTAL of Disbursements This Page (optional)	3,562.01
TOTAL This Period (last page this line number only)	

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Parcel Service P.O. 505820 The Lakes, NV 88905-5820	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	53.00
United Parcel Service P.O. 505820 The Lakes, NV 88905-5820	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	63.50
United Parcel Service P.O. 505820 The Lakes, NV 88905-5820	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	63.50
United Parcel Service P.O. 505820 The Lakes, NV 88905-5820	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/09/2000	41.00
United Parcel Service P.O. 505820 The Lakes, NV 88905-5820	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	31.50
United Parcel Service P.O. 505820 The Lakes, NV 88905-5820	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/2000	45.95
United Parcel Service P.O. 505820 The Lakes, NV 88905-5820	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/23/2000	29.90

SUBTOTAL of Disbursements This Page (optional)	329.35
TOTAL This Period (last page this line number only)	

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Parcel Service P.O. 505820 The Lakes, NV 88905-5820	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/25/2000	72.90
United Parcel Service P.O. 505820 The Lakes, NV 88905-5820	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/27/2000	72.90
United Parcel Service P.O. 505820 The Lakes, NV 88905-5820	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/07/2000	27.90
United Parcel Service P.O. 505820 The Lakes, NV 88905-5820	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/07/2000	142.00
United Parcel Service P.O. 505820 The Lakes, NV 88905-5820	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/15/2000	162.27
Viking Office Products P.O. Box 30488 Los Angeles, CA 90030-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/01/2000	376.42
Viking Office Products P.O. Box 30488 Los Angeles, CA 90030-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/25/2000	429.30

SUBTOTAL of Disbursements This Page (optional)

1,283.69

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Viking Office Products P.O. Box 30488 Los Angeles, CA 90030-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	248.71
Viking Office Products P.O. Box 30488 Los Angeles, CA 90030-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	278.71
Viking Office Products P.O. Box 30488 Los Angeles, CA 90030-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	28.49
Viking Office Products P.O. Box 30488 Los Angeles, CA 90030-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/2000	90.26
Visa 1650 West 82nd Street #1500 Minneapolis, MN 55431-	SEE BELOW Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/11/2000	27,783.14
Balloons of Joy 1600 NW 2nd Avenue Stewartville, MN 55976-	Convention Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/11/2000	468.60 MEMO
Best Buy 1555 Queen's Drive Woodbury, MN 55125-	Office Equipment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/11/2000	2,467.47 MEMO

SUBTOTAL of Disbursements This Page (optional)	28,429.31
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
Daube's Bakery 1310 5th Place NW Rochester, MN 55901-	Food Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/11/2000	293.25 MEMO
Hilton Garden Inn 225 South Broadway Rochester, MN 55904-	Convention Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/11/2000	1,012.20 MEMO
Hotel Kahler Grand 20 SW Second Avenue Rochester, MN 55902-	Convention Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/11/2000	10,216.42 MEMO
Hotel Kahler Grand 20 SW Second Avenue Rochester, MN 55902-	Convention Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/11/2000	160.00 MEMO
Mississippi Walders 2705 Highway 14 West Rochester, MN 55901-	Convention Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/11/2000	344.87 MEMO
Office Max 3605 Warrensville Center Road Shaker Heights, OH 44122-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/11/2000	271.38 MEMO
Rochester Marriott 101 SW 1st Avenue Rochester, MN 55902	Convention Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/11/2000	10,618.72 MEMO

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (Last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shakey's Pizza 1816 Highway 52 North Rochester, MN 55901-	Food Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/11/2000	1,105.97 MEMO
United Rentals 1601 3rd Avenue SE Rochester, MN 55904-	Convention Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/11/2000	25.00 MEMO
United Rentals 1601 3rd Avenue SE Rochester, MN 55904-	Convention Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/11/2000	183.92 MEMO
White Bear Area Chamber of Commerce 4751 Hwy 61 White Bear Lake, MN 55110-	Parade Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/11/2000	225.00 MEMO
Visa 1650 West 82nd Street #1500 Minneapolis, MN 55431-	SEE BELOW Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/2000	4,538.76
Air Cargo Inc. Delta Airlines Hartfield International Airport-Atlanta Atlanta, GA 30320-	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	620.02 MEMO
Aموعا 2102 Como Avenue Saint Paul, MN 55108-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	39.35 MEMO

SUBTOTAL of Disbursements This Page (optional)	4,538.76
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Amoco 2102 Como Avenue Saint Paul, MN 55108-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	33.51 MEMO
Amoco 2102 Como Avenue Saint Paul, MN 55108-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	27.08 MEMO
Best Buy 1555 Queen's Drive Woodbury, MN 55125-	Office Equipment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	1,257.57 MEMO
Best Western Hotel 161 St. Anthony Avenue Saint Paul, MN 55103-	Lodging Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	122.47 MEMO
Holiday Station 629 Rice Street Saint Paul, MN 55103-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	29.05 MEMO
Holiday Station 629 Rice Street Saint Paul, MN 55103-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	46.00 MEMO
Holiday Station 629 Rice Street Saint Paul, MN 55103-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	17.93 MEMO

SUBTOTAL of Disbursements This Page (optional)	
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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			
Full Name, mailing address and zip code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Holiday Station 629 Rice Street Saint Paul, MN 55103-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	19.49 MEMO
Maddens on Gill Lake Resort 11266 Pine Beach Peninsula Brainerd, MN 56401-	Lodging Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	205.25 MEMO
Northwest Airlines 5101 Northwest Drive Saint Paul, MN 55111-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	122.00 MEMO
Northwest Airlines 5101 Northwest Drive Saint Paul, MN 55111-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	100.00 MEMO
Northwest Airlines 5101 Northwest Drive Saint Paul, MN 55111-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	122.00 MEMO
Northwest Airlines 5102 Northwest Drive Saint Paul, MN 55111-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/08/2000	457.00 MEMO
SuperAmerica 957 Rice Street Saint Paul, MN 55117-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/2000	48.00 MEMO

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, mailing address and zip code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SuperAmerica 957 Rice Street Saint Paul, MN 55117-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/09/2000	18.14 MEMO
SuperAmerica 957 Rice Street Saint Paul, MN 55117-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/09/2000	31.98 MEMO
SuperAmerica 957 Rice Street Saint Paul, MN 55117-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/09/2000	18.58 MEMO
SuperAmerica 957 Rice Street Saint Paul, MN 55117-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/09/2000	30.32 MEMO
SuperAmerica 957 Rice Street Saint Paul, MN 55117-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/09/2000	42.62 MEMO
United Rentals 1601 3rd Avenue SE Rochester, MN 55904-	Rental Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/09/2000	122.21 MEMO
W.A. Lang 2100 LaSalle Plaza 800 LaSalle Avenue Minneapolis, MN 55402-	Insurance Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/10/2000	165.00

SUBTOTAL of Disbursements This Page (optional)	165.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the recalled summary page

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NAME OF COMMITTEE (In Full)
Ciresi for Senate

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Andrew Wainwright 52 Essex Road Ipswich, MA 01938-	Event Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/2000	250.00 IN KIND
Edwin Wallace 11 Herrick Street Winchester, MA 01890-	Event Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/2000	1,000.00 IN KIND
Eileen Weber 8450 Indian Boulevard South Cottage Grove, MN 55016-2080	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/2000	2,304.18
Eileen Weber 8450 Indian Boulevard South Cottage Grove, MN 55016-2080	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	2,304.19
U.S. West P. O. Box 1301 Minneapolis, MN 55483-	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/2000	207.10
U.S. West P. O. Box 1301 Minneapolis, MN 55483-	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	976.37
US West Conferencing Department 0117 Denver, CO 80291-	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	227.05

SUBTOTAL of Disbursements This Page (optional)	7,258.88
TOTAL This Period (last page this line number only)	

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Winning Connections 209 Pennsylvania Avenue SE Suite 900 Washington, DC 20003-	Telemarketing Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/2000	25,000.00
Winning Connections 209 Pennsylvania Avenue SE Suite 900 Washington, DC 20003-	Telemarketing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/21/2000	53,667.14
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SUBTOTAL of Disbursements This Page (optional)	78,667.14
TOTAL This Period (last page this line number only)	1,565,050.52

NAME OF COMMITTEE (In Full) Ciresi for Senate			
A. Full Name, Mailing Address and ZIP Code of Loan Source Michael V. Ciresi 1247 Culligan Lane Mendota Heights, MN 55118-	Original Amount of Loan 1,500,000.00	Cumulative Payment To Date	Balance Outstanding at Close of This Period 1,500,000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Terms: Date Incurred <u>08/23/2000</u> Date Due <u>08/23/2000</u> Interest Rate <u> </u> % (per) Secured <u>ND</u>			
List All Endorsers or Guarantors (if any) to Item 2			
Full Name, Mailing Address and Zip Code	Name of Employer	[REDACTED]	
	Occupation		
	Other (specify)		

SUBTOTAL This Period This Page (optional)	1,500,000.00
TOTAL This Period (last page this line number only)	1,500,000.00

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

FAX (48-HOUR NOTICES) _____
Date of Receipt

INSIDE MAIL _____
Date of Receipt

RECEIVED FROM THE LEGISLATIVE RESOURCE
CENTER _____
Date of Receipt

RECEIVED FROM THE FEDERAL ELECTION
COMMISSION _____
Date of Receipt

FIRST CLASS MAIL _____
Postmarked

REGISTERED/CERTIFIED MAIL 8/28/00
Postmarked

NO POSTMARK POSTMARK ILLEGIBLE

OTHER (Specify): _____
 AIRBORNE EXPRESS
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS

Postmark and/or Date of Receipt

RD 8/31/00
Preparer Date Prepared