

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
TIM WALZ FOR US CONGRESS

ADDRESS (number and street) PO BOX 938
 Check if different than previously reported. (ACC)
MANKATO MN 56002

2. **FEC IDENTIFICATION NUMBER** C00409409
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
MN 01

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 10 01 2005 through 12 31 2005

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 Malinda VanDuser

Signature of Treasurer Electronically Filed by Malinda VanDuser Date 02 20 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

TIM WALZ FOR US CONGRESS

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	36365.72	118136.38
(b) Total Contribution Refunds (from Line 20(d)).....	50.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	36315.72	118086.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	35915.50	77795.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	18.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	35915.50	77777.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	40309.10	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1870.86	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
TIM WALZ FOR US CONGRESS

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

17962.78

68043.66

(ii) Unitemized.....

10803.94

40393.72

(iii) TOTAL of contributions

28766.72

108437.38

from individuals..... ▶

3499.00

3499.00

(b) Political Party Committees.....

4100.00

6100.00

(c) Other Political Committees (such as PACS).....

0.00

100.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

36365.72

118136.38

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

18.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

36365.72

118154.38

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35915.50	77795.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	50.00	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	50.00	50.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	35965.50	77845.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	39908.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	36365.72
25. SUBTOTAL (add Line 23 and Line 24).....	76274.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	35965.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	40309.10

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate Mr. TIMOTHY J WALZ		Candidate ID Number H6MN01174
Name of Principal Campaign Committee TIM WALZ FOR US CONGRESS		Committee ID Number C C00409409
Committee Address PO BOX 938		
City MANKATO	State MN	ZIP 56002
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	115108.38	2910.00
2. Aggregate amount of contributions from personal funds of the candidate	100.00	0.00
3. Gross receipts minus the candidate's personal contributions	115008.38	2910.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Howard Alton

Mailing Address P.O. Box 619

City State Zip Code
Wayzata MN 55391

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.6187

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Barnett

Mailing Address 1716 James Ct

City State Zip Code
N Mankato MN 56003

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 5

Transaction ID: SA11A1.6378

Amount of Each Receipt this Period
50.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ford Bell

Mailing Address 522 Harrington Rd

City State Zip Code
Wayzata MN 55391

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

Name of Employer Minneapolis Heart Inst Foundat Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.5986

Amount of Each Receipt this Period
300.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Aleta A Borrud

Mailing Address 2411 Merrihills Dr SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Occupation
Mayo Clinic Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.5915

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joseph Brown

Mailing Address 27667 Mower Freeborn Rd

City State Zip Code
Austin MN 55912

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

Name of Employer Occupation
Austin High School Principal

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 5

Transaction ID: SA11A1.5961

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Russell A Defauw

Mailing Address 13030 Florida Ct

City State Zip Code
Apple Valley MN 55124

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

Name of Employer Occupation
Performance Office Paper President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 5 / 2 0 0 5

Transaction ID: SA11A1.6283

Amount of Each Receipt this Period
200.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Ronald Deharpporte		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5	
Mailing Address 7021 Weston Circle		Transaction ID: SA11A1.5881	
City State Zip Code Minneapolis MN 55439	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Kelly J Doran		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 1 / 2 0 0 5	
Mailing Address 11527 Welters Way		Transaction ID: SA11A1.5932	
City State Zip Code Eden Prairie MN 55347	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Real Estate Developer	Election Cycle-to-Date ▼ 2100.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Tim Eggenberger		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address 8 Bela Vista Court		Transaction ID: SA11A1.6113	
City State Zip Code Mankato MN 56001	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Best Effort Occupation Sales	Election Cycle-to-Date ▼ 275.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2625.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Mathew Entenza		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5	
Mailing Address 1647 Portland Ave		Transaction ID: SA11A1.5931	
City State Zip Code St Paul MN 55104	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer MN House of Representatives	Occupation DFL Leader		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Wilber W Fluegel		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5	
Mailing Address 14060 - 92nd Place N		Transaction ID: SA11A1.6000	
City State Zip Code Maple Grove MN 55369	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Patrick Griffiths		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 5	
Mailing Address 717 James Ave		Transaction ID: SA11A1.6151	
City State Zip Code Mankato MN 56001	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer ISD 77	Occupation Structured Study Ctr Supervisor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Patrick Griffiths

Mailing Address 717 James Ave

City Mankato State MN Zip Code 56001

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

Name of Employer ISD 77 Occupation Structured Study Ctr Supervisor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.6371

Amount of Each Receipt this Period
 200.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Howard Haugh

Mailing Address 121 Ridge Lane

City Mankato State MN Zip Code 56001

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.6293

Amount of Each Receipt this Period
 25.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Gary Hostert

Mailing Address 604 - 2 East John

City O'Neill State NE Zip Code 68763

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

Name of Employer O'Neill Public School Occupation Teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.6190

Amount of Each Receipt this Period
 50.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	275.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Jocelyn A Johnson

Mailing Address 230 - 2nd St NE

City State Zip Code
Harmony MN 55939

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 5

Transaction ID: SA11A1.6219

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Johnson

Mailing Address 230 2nd St NE

City State Zip Code
Harmony MN 55939

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

Name of Employer Retired Occupation Minister

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

510.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 5

Transaction ID: SA11A1.6218

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Richard Kahn

Mailing Address 2895 Ella Lane

City State Zip Code
Minnetonka MN 55365

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

Name of Employer NAHTEF Occupation Affordable Housing

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 5

Transaction ID: SA11A1.5962

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Richard Kahn

Mailing Address 2895 Ella Lane

City State Zip Code
Minnetonka MN 55365

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

Name of Employer NAHTEF Occupation Affordable Housing

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.6338

Amount of Each Receipt this Period
250.00

Credit Card Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thomas C Kayser

Mailing Address 2800 La Salle Plaza
800 La Salle Ave

City State Zip Code
Minneapolis MN 55402

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

Name of Employer Robins, Kaplan, Miller.... Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 5

Transaction ID: SA11A1.6358

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
R. Wynn Kearney, Jr.

Mailing Address 101 E Glencrest Drive

City State Zip Code
Mankato MN 56001

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

Name of Employer OFC-Mankato Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.6394

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
R. Wynn Kearney, Jr.

Mailing Address 101 E Glencrest Drive

City Mankato State MN Zip Code 56001

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

Name of Employer OFC-Mankato Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.6395

Amount of Each Receipt this Period
 250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
R. Wynn Kearney, Jr.

Mailing Address 101 E Glencrest Drive

City Mankato State MN Zip Code 56001

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

Name of Employer OFC-Mankato Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.6396

Amount of Each Receipt this Period
 100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Stephen Kelley

Mailing Address 121 Blake Rd S

City Hopkins State MN Zip Code 55343

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

Name of Employer Best Effort Occupation Best Effort

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 0 5

Transaction ID: SA11A1.5975

Amount of Each Receipt this Period
 150.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Christine Kile

Mailing Address 138 Oak Knoll Blvd

City Mankato State MN Zip Code 56001

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

Name of Employer Barnes and Noble Occupation Clerk

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.6346

Amount of Each Receipt this Period
25.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Judy L Klevan

Mailing Address 1995 East Townhall Rd

City Lacrescent State MN Zip Code 55947

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

Name of Employer Gunderson Clinic Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.5893

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mark Liebow

Mailing Address 1018 Hickory Lane

City Rochester State MN Zip Code 55902

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.6210

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	375.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Richard E Martin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 5	
Mailing Address 7842 Monroe St NE		Transaction ID: SA11A1.5979	
City State Zip Code Spring Lake Park MN 55432	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self Occupation Attorney	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Steven Mayer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 134 Oxford Path		Transaction ID: SA11A1.5937	
City State Zip Code Mankato MN 56001	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Disabled Occupation Disabled	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 210.00			

Full Name (Last, First, Middle Initial) C. Steven Mayer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5	
Mailing Address 134 Oxford Path		Transaction ID: SA11A1.6146	
City State Zip Code Mankato MN 56001	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Disabled Occupation Disabled	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 235.00			

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Alida R Messinger		Date of Receipt M M / D D / Y Y Y Y Y 12 / 27 / 2005
Mailing Address 30 Rockefeller Plaza Room 5600		Transaction ID: SA11A1.6386
City New York	State NM	Zip Code 10112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Philanthropist	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Susan M Michaletz		Date of Receipt M M / D D / Y Y Y Y Y 11 / 16 / 2005
Mailing Address 304 Oak Knoll Boulevard		Transaction ID: SA11A1.5879
City Mankato	State MN	Zip Code 56001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Premier Real Estate Group, LLC	Occupation President	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Beatrice Moosally		Date of Receipt M M / D D / Y Y Y Y Y 12 / 22 / 2005
Mailing Address 120 Coy St		Transaction ID: SA11A1.6203
City Mankato	State MN	Zip Code 56001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Best Effort	Occupation Best Effort	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Ardys Morgan

Mailing Address 51550 Stratton Ct

City Granger State IN Zip Code 46530

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

Name of Employer Best Effort Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 5

Transaction ID: SA11A1.5890

Amount of Each Receipt this Period
200.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Morgan

Mailing Address 180 Bank St

City Minneapolis State MN Zip Code 55414

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

Name of Employer Winmark Corp Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 5

Transaction ID: SA11A1.5888

Amount of Each Receipt this Period
1000.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
George N Nelson

Mailing Address 608 River Street

City Minneapolis State MN Zip Code 55401

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

Name of Employer Trail Head Land Development Co Occupation Real Estate Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.5875

Amount of Each Receipt this Period
1000.00

donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
George N Nelson

Mailing Address 608 River Street

City State Zip Code
Minneapolis MN 55401

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

Name of Employer Occupation
Trail Head Land Development Co Real Estate Developer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 5

Transaction ID: SA11A1.6231

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Benjamin Odom

Mailing Address 1905 Brookhaven Blvd

City State Zip Code
Norman OK 73072

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

Name of Employer Occupation
Self Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 5

Transaction ID: SA11A1.6289

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David B Potter

Mailing Address 801 N Washington Ave #302

City State Zip Code
Minneapolis MN 55402

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

Name of Employer Occupation
Oppenheimer, Wolfe and Don Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.5940

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Helen B Preddy		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 5	
Mailing Address 220 Division St #300		Transaction ID: SA11A1.6158	
City Northfield	State MN	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer US Arbitration & Mediation	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Maura Randall		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 5	
Mailing Address 2233 Dream Drive		Transaction ID: SA11A1.5817	
City North Mankato	State MN	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1020.00		

Full Name (Last, First, Middle Initial) C. Randi Reitan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 1 / 2 0 0 5	
Mailing Address 8591 French Curve		Transaction ID: SA11A1.5928	
City Eden Prairie	State MN	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Law Office	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1150.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial) Randi Reitan Mailing Address 8591 French Curve City State Zip Code Eden Prairie MN 55347 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11A1.5971 Amount of Each Receipt this Period <table border="1"> <tr> <td>200.00</td> </tr> </table> Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	0	5	200.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	1		2	0	0	5														
200.00																							
Name of Employer Occupation Law Office Attorney Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>1350.00</td> </tr> </table>	1350.00																				
1350.00																							

B. Full Name (Last, First, Middle Initial) Maribeth Sagmoe Mailing Address 16742 Ides Circle City State Zip Code Lakeville MN 55044 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11A1.6282 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	4		2	0	0	5	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		2	4		2	0	0	5														
500.00																							
Name of Employer Occupation Public School Teacher Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

C. Full Name (Last, First, Middle Initial) Lucinda Salsbery Mailing Address 309 Viking Drive City State Zip Code Mankato MN 56001 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11A1.5981 Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</td> </tr> </table> Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	0	5	300.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	1		2	0	0	5														
300.00																							
Name of Employer Occupation Mayo Clinic Pharmacist Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>600.00</td> </tr> </table>	600.00																				
600.00																							

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Richard C Schiming		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 117 Mary Circle		Transaction ID: SA11A1.5867	
City State Zip Code North Mankato MN 56001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer University of MN, Mankato	Occupation Professor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Evelyn Solo		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 726 Grant Avenue		Transaction ID: SA11A1.5825	
City State Zip Code North Mankato MN 56003	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Nicollet County	Occupation Nurse		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2110.00		

Full Name (Last, First, Middle Initial) C. Leah V Solo		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 726 Grant Avenue		Transaction ID: SA11A1.6301	
City State Zip Code North Mankato MN 56003	Amount of Each Receipt this Period 65.45		
FEC ID number of contributing federal political committee. C		In-kind - <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Tim Walz for U S Congress	Occupation Political Director		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 520.29		

SUBTOTAL of Receipts This Page (optional) ▶	325.45
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Leah V Solo

Mailing Address 726 Grant Avenue

City North Mankato State MN Zip Code 56003

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

Name of Employer Tim Walz for U S Congress Occupation Political Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 539.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.6299

Amount of Each Receipt this Period
19.33

In-kind - Folders, food

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Leah V Solo

Mailing Address 726 Grant Avenue

City North Mankato State MN Zip Code 56003

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

Name of Employer Tim Walz for U S Congress Occupation Political Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 557.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 5

Transaction ID: SA11A1.6297

Amount of Each Receipt this Period
18.00

In-kind - Travel Fuel

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Eric Steinmetz

Mailing Address 822 N 5th St

City Mankato State MN Zip Code 56001

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

Name of Employer Self Occupation Taxi Driver

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.5836

Amount of Each Receipt this Period
100.00

Donation

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **137.33**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Eric Steinmetz

Mailing Address 822 N 5th St

City Mankato State MN Zip Code 56001

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

Name of Employer Self Occupation Taxi Driver

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 5

Transaction ID: SA11A1.6127

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
George Stoops

Mailing Address 133 Coy St

City Mankato State MN Zip Code 56001

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.6167

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Maureen Tanis

Mailing Address 922 S 4th St

City St Peter State MN Zip Code 56082

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

Name of Employer Crow River Special Ed Co-op Occupation Clinical Social Worker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 456.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 5

Transaction ID: SA11A1.5982

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. William L Tilton		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 5	
Mailing Address 936 Lincoln Ave		Transaction ID: SA11A1.5964	
City State Zip Code Saint Paul MN 55105	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Attorney	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Laura Turk		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 5	
Mailing Address 1010 Oak Terrace		Transaction ID: SA11A1.5809	
City State Zip Code N Mankato MN 56003	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Attorney	Election Cycle-to-Date ▼ 225.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Laura Turk		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 1010 Oak Terrace		Transaction ID: SA11A1.6236	
City State Zip Code N Mankato MN 56003	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Attorney	Election Cycle-to-Date ▼ 275.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	325.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Darlene Walz

Mailing Address Box 197

City State Zip Code
Butte NE 68722

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 5

Transaction ID: SA11A1.6177

Amount of Each Receipt this Period
200.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Darlene Walz

Mailing Address Box 197

City State Zip Code
Butte NE 68722

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 5

Transaction ID: SA11A1.6155

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Alice Weed

Mailing Address 1519 Pleasant View Dr

City State Zip Code
N Mankato MN 56003

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.6279

Amount of Each Receipt this Period
50.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Gerard Wimmer

Mailing Address 15 2nd Avenue SW
PO Box 268

City State Zip Code
Oronoco MN 55960

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

Name of Employer Self Occupation Stay at home dad

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.5857

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ronald Yezzi

Mailing Address 201 Chancery Lane

City State Zip Code
Mankato MN 56001

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

Name of Employer MN State University - Mankato Occupation PT Teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.5802

Amount of Each Receipt this Period
300.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	17962.78

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 53
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Brown County DFL

Mailing Address 420 3rd Ave NE

City State Zip Code
Sleepy Eye MN 56085

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: SA11B.6278

Amount of Each Receipt this Period
200.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Fillmore County DFL

Mailing Address 230 - 2nd St NE

City State Zip Code
Harmony MN 55939

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: SA11B.6276

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Freeborn County DFL

Mailing Address P.O. Box 265

City State Zip Code
Albert Lea MN 56007

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 5

Transaction ID: SA11B.6277

Amount of Each Receipt this Period
300.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 53
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Friends of Jim Oberstar

Mailing Address 1017 8th St NE

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00187419

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 5

Transaction ID: SA11B.6268

Amount of Each Receipt this Period
1000.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Rock County DFL

Mailing Address PO Box 746

City State Zip Code
Luverne MN 56156

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
999.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 5

Transaction ID: SA11B.6274

Amount of Each Receipt this Period
999.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Waseca County DFL

Mailing Address 710 4th Ave NE

City State Zip Code
Waseca MN 56093

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11B.6275

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2499.00
TOTAL This Period (last page this line number only)	▶	3499.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 53
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. ATLA PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 1050 31st Street, NW		Transaction ID: SA11C.6261	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00024521	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Midwest Values PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address PO Box 583232		Transaction ID: SA11C.6384	
City State Zip Code Minneapolis MN 55458-3232	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00416131	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Progressive Patriots Fund		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address PO Box 628008		Transaction ID: SA11C.6258	
City State Zip Code Middleton WI 53562	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C C00409136	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	4100.00
TOTAL This Period (last page this line number only) ▶	4100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. CTS Holdings, LLC		Transaction ID: SB17.6055 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 2525 Horizon Lake Drive Suite 120		Amount of Each Disbursement this Period 30.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38133		
Purpose of Disbursement Merchant Fees Candidate Name TIM WALZ FOR US CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CTS Holdings, LLC		Transaction ID: SB17.6046 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address 2525 Horizon Lake Drive Suite 120		Amount of Each Disbursement this Period 106.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38133		
Purpose of Disbursement Merchant Fees Candidate Name TIM WALZ FOR US CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CTS Holdings, LLC		Transaction ID: SB17.6068 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 5
Mailing Address 2525 Horizon Lake Drive Suite 120		Amount of Each Disbursement this Period 30.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38133		
Purpose of Disbursement Credit Transaction Fee Candidate Name TIM WALZ FOR US CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	168.80
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. CTS Holdings, LLC		Transaction ID: SB17.6069 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 2525 Horizon Lake Drive Suite 120		Amount of Each Disbursement this Period 51.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38133		
Purpose of Disbursement Credit Transaction Fee	001 Category/ Type	
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: SB17.6020 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 5
Mailing Address 1030 Delta Blvd PO Box 20706		Amount of Each Disbursement this Period 528.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30320-6001		
Purpose of Disbursement Duga Ticket/Cleland Event	002 Category/ Type	
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: SB17.6022 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 5
Mailing Address 1030 Delta Blvd PO Box 20706		Amount of Each Disbursement this Period 664.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30320-6001		
Purpose of Disbursement Cleland/Cleland Event	002 Category/ Type	
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1243.89
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. E W Honsa		Transaction ID: SB17.5719 Date of Disbursement
Mailing Address 320 Spruce Street		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City St Paul	State MN	Zip Code 55101-2445
Purpose of Disbursement Remit Envelopes	<input type="text" value="003"/>	Amount of Each Disbursement this Period <input type="text" value="194.80"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 01	

Full Name (Last, First, Middle Initial) B. E W Honsa		Transaction ID: SB17.5759 Date of Disbursement
Mailing Address 320 Spruce Street		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City St Paul	State MN	Zip Code 55101-2445
Purpose of Disbursement Business Cards	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="177.27"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 01	

Full Name (Last, First, Middle Initial) C. E W Honsa		Transaction ID: SB17.5764 Date of Disbursement
Mailing Address 320 Spruce Street		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City St Paul	State MN	Zip Code 55101-2445
Purpose of Disbursement Printing	<input type="text" value="007"/>	Amount of Each Disbursement this Period <input type="text" value="237.84"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 01	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="609.91"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. E W Honsa		Transaction ID: SB17.6056 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address 320 Spruce Street		Amount of Each Disbursement this Period 536.75
City St Paul State MN Zip Code 55101-2445	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Thank You & Remit Env Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. E W Honsa		Transaction ID: SB17.6088 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 320 Spruce Street		Amount of Each Disbursement this Period 418.53
City St Paul State MN Zip Code 55101-2445	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Handouts Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 007	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hickorytech		Transaction ID: SB17.6052 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 2730 3rd Ave PO Box 3288		Amount of Each Disbursement this Period 41.08
City Mankato State MN Zip Code 56002-3288	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Phone Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	996.36
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Hickorytech		Transaction ID: SB17.6087 Date of Disbursement 12 / 02 / 2005
Mailing Address 2730 3rd Ave PO Box 3288		Amount of Each Disbursement this Period 174.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56002-3288	Purpose of Disbursement Office Phone Lines Candidate Name TIM WALZ FOR US CONGRESS Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hyatt Regency		Transaction ID: SB17.6049 Date of Disbursement 11 / 13 / 2005
Mailing Address 1300 Nicollet Mall		Amount of Each Disbursement this Period 1058.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55403	Purpose of Disbursement Two Guest Rooms & One Corporate Room Candidate Name TIM WALZ FOR US CONGRESS Category/Type 007	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. IRS - Dept of Treasury		Transaction ID: SB17.5778 Date of Disbursement 10 / 01 / 2005
Mailing Address None Available		Amount of Each Disbursement this Period 2348.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19255	Purpose of Disbursement Federal Taxes (3rd quarter) Candidate Name TIM WALZ FOR US CONGRESS Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3581.53
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Kinko's		Transaction ID: SB17.5755 Date of Disbursement 10 / 20 / 2005
Mailing Address 1430 West Lake Street		Amount of Each Disbursement this Period 104.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55408		
Purpose of Disbursement Paper Candidate Name TIM WALZ FOR US CONGRESS Category/Type 006		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

Full Name (Last, First, Middle Initial) B. Midwest Airlines		Transaction ID: SB17.6023 Date of Disbursement 11 / 09 / 2005
Mailing Address 6744 S Howell Ave		Amount of Each Disbursement this Period 919.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oak Creek State WI Zip Code 53154		
Purpose of Disbursement Walz, Ziesch Travel to Washington, DC Candidate Name TIM WALZ FOR US CONGRESS Category/Type 002		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

Full Name (Last, First, Middle Initial) C. Midwest Wireless		Transaction ID: SB17.5721 Date of Disbursement 10 / 02 / 2005
Mailing Address 1870 Madison Ave		Amount of Each Disbursement this Period 279.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement Cell phones Candidate Name TIM WALZ FOR US CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	1303.61
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Midwest Wireless		Transaction ID: SB17.5767 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 5
Mailing Address 1870 Madison Ave		Amount of Each Disbursement this Period 273.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement Cell Phones Candidate Name TIM WALZ FOR US CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Midwest Wireless		Transaction ID: SB17.6057 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address 1870 Madison Ave		Amount of Each Disbursement this Period 278.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement Director's Cell Phones Candidate Name TIM WALZ FOR US CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Minnesota Dept of Employment		Transaction ID: SB17.5774 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5
Mailing Address 390 Robert St North		Amount of Each Disbursement this Period 309.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Paul State MN Zip Code 55101		
Purpose of Disbursement Unemployment Tax (3rd Quarter) Candidate Name TIM WALZ FOR US CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	861.67
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Minnesota Dept of Revenue		Transaction ID: SB17.5773 Date of Disbursement 10 / 01 / 2005
Mailing Address 600 North Robert Street		Amount of Each Disbursement this Period 513.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Paul State MN Zip Code 55146	Category/Type 001	
Purpose of Disbursement Employee's MN State Taxes 3rd quarter		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Office Max #766		Transaction ID: SB17.5757 Date of Disbursement 10 / 20 / 2005
Mailing Address 2020 Adams St		Amount of Each Disbursement this Period 33.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001	Category/Type 006	
Purpose of Disbursement trays		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Max #766		Transaction ID: SB17.5760 Date of Disbursement 10 / 21 / 2005
Mailing Address 2020 Adams St		Amount of Each Disbursement this Period 18.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001	Category/Type 006	
Purpose of Disbursement Staples, tape, white-out, etc.		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	565.37
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Office Max #766		Transaction ID: SB17.6018	
Mailing Address 2020 Adams St		Date of Disbursement 10 / 27 / 2005	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 29.31
Purpose of Disbursement MaxBrite Paper		006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 01		

Full Name (Last, First, Middle Initial) B. Office Max #766		Transaction ID: SB17.6035	
Mailing Address 2020 Adams St		Date of Disbursement 11 / 08 / 2005	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 49.56
Purpose of Disbursement Folder type packets		006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 01		

Full Name (Last, First, Middle Initial) C. Office Max #766		Transaction ID: SB17.6036	
Mailing Address 2020 Adams St		Date of Disbursement 11 / 08 / 2005	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 10.69
Purpose of Disbursement Spindle Notebooks		007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 01		

SUBTOTAL of Disbursements This Page (optional)	89.56
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Office Max #766		Transaction ID: SB17.6078	
Mailing Address 2020 Adams St		Date of Disbursement 12 / 15 / 2005	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 21.70
Purpose of Disbursement Envelopes & Mail Labels		003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 01		

Full Name (Last, First, Middle Initial) B. Office Max #766		Transaction ID: SB17.6076	
Mailing Address 2020 Adams St		Date of Disbursement 12 / 16 / 2005	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 76.26
Purpose of Disbursement Ink Cartridge & Envelopes		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 01		

Full Name (Last, First, Middle Initial) C. Office Max #766		Transaction ID: SB17.6072	
Mailing Address 2020 Adams St		Date of Disbursement 12 / 21 / 2005	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 12.08
Purpose of Disbursement Mail Labels		003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 01		

SUBTOTAL of Disbursements This Page (optional)	110.04
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Print Express		Transaction ID: SB17.5765 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 5
Mailing Address 207 E Main		Amount of Each Disbursement this Period 2007.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Luverne State MN Zip Code 56156		
Purpose of Disbursement TeeShirts Candidate Name TIM WALZ FOR US CONGRESS	004 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Meridith Salsbery		Transaction ID: SB17.5715 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5
Mailing Address 309 Viking Dr		Amount of Each Disbursement this Period 786.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement Sept Payroll Candidate Name TIM WALZ FOR US CONGRESS	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Meridith Salsbery		Transaction ID: SB17.5769 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 309 Viking Dr		Amount of Each Disbursement this Period 130.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement Event Mileage Reimbursement Candidate Name TIM WALZ FOR US CONGRESS	002 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2923.36
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Meridith Salsbery		Transaction ID: SB17.6014 Date of Disbursement 11 / 01 / 2005	
Mailing Address 309 Viking Dr		Amount of Each Disbursement this Period 503.79	
City Mankato State MN Zip Code 56001	Purpose of Disbursement October Payroll Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Meridith Salsbery		Transaction ID: SB17.6063 Date of Disbursement 12 / 01 / 2005	
Mailing Address 309 Viking Dr		Amount of Each Disbursement this Period 786.00	
City Mankato State MN Zip Code 56001	Purpose of Disbursement November Payroll Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Meridith Salsbery		Transaction ID: SB17.6091 Date of Disbursement 12 / 01 / 2005	
Mailing Address 309 Viking Dr		Amount of Each Disbursement this Period 155.49	
City Mankato State MN Zip Code 56001	Purpose of Disbursement Cleland Event Reimbursements Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Category/ Type 007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	1445.28
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Senate District 23 Mankato Office		Transaction ID: SB17.6010 Date of Disbursement 10 / 01 / 2005
Mailing Address 630 N Riverfront Dr		Amount of Each Disbursement this Period 5.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001	001 Category/Type	
Purpose of Disbursement Long Distance Phone Calls		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Senate District 23 Mankato Office		Transaction ID: SB17.5720 Date of Disbursement 10 / 02 / 2005
Mailing Address 630 N Riverfront Dr		Amount of Each Disbursement this Period 158.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001	001 Category/Type	
Purpose of Disbursement Rent & LD Phone		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Senate District 23 Mankato Office		Transaction ID: SB17.6009 Date of Disbursement 11 / 01 / 2005
Mailing Address 630 N Riverfront Dr		Amount of Each Disbursement this Period 185.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001	001 Category/Type	
Purpose of Disbursement November Rent		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	348.85
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Senate District 23 Mankato Office		Transaction ID: SB17.6090 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 630 N Riverfront Dr		Amount of Each Disbursement this Period 220.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement December Rent and LD Candidate Name TIM WALZ FOR US CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

Full Name (Last, First, Middle Initial) B. Senate District 23 Mankato Office		Transaction ID: SB17.6089 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 630 N Riverfront Dr		Amount of Each Disbursement this Period 64.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement Fax Line Installation Candidate Name TIM WALZ FOR US CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

Full Name (Last, First, Middle Initial) C. Leah V Solo		Transaction ID: SB17.5717 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5
Mailing Address 726 Grant Avenue		Amount of Each Disbursement this Period 1766.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Mankato State MN Zip Code 56003		
Purpose of Disbursement Sept Payroll Candidate Name TIM WALZ FOR US CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	2051.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Leah V Solo		Transaction ID: SB17.5731 Date of Disbursement 10 / 04 / 2005	
Mailing Address 726 Grant Avenue		Amount of Each Disbursement this Period 90.00	
City North Mankato State MN Zip Code 56003	Purpose of Disbursement NAACP Event Reimbursement Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 007 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Leah V Solo		Transaction ID: SB17.5722 Date of Disbursement 10 / 05 / 2005	
Mailing Address 726 Grant Avenue		Amount of Each Disbursement this Period 77.36	
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Postage Reimbursement Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.5722.0 Date of Disbursement 10 / 05 / 2005	
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 77.36	
City Mankato State MN Zip Code 56001-9998	Purpose of Disbursement Postage Stamps & First Class Mailings Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	167.36
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Leah V Solo		Transaction ID: SB17.6302 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 726 Grant Avenue		Amount of Each Disbursement this Period 65.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Mankato State MN Zip Code 56003	Category/ Type	
Purpose of Disbursement In-kind -		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Leah V Solo		Transaction ID: SB17.6300 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 726 Grant Avenue		Amount of Each Disbursement this Period 19.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Mankato State MN Zip Code 56003	Category/ Type	
Purpose of Disbursement In-kind - Folders, food		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Leah V Solo		Transaction ID: SB17.6013 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 726 Grant Avenue		Amount of Each Disbursement this Period 1766.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Mankato State MN Zip Code 56003	Category/ Type	
Purpose of Disbursement October Payroll		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1850.78
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Leah V Solo		Transaction ID: SB17.6298 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 5
Mailing Address 726 Grant Avenue		Amount of Each Disbursement this Period 18.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Mankato State MN Zip Code 56003		
Purpose of Disbursement In-kind - Travel Fuel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Leah V Solo		Transaction ID: SB17.6065 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 726 Grant Avenue		Amount of Each Disbursement this Period 1766.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Mankato State MN Zip Code 56003		
Purpose of Disbursement November Payroll Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tony Doom Supply Co		Transaction ID: SB17.5758 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address P.O. Box 525		Amount of Each Disbursement this Period 1232.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Marshall State MN Zip Code 56258-0525		
Purpose of Disbursement Bumper & Lapel Stickers Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3016.31
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.5725 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 13.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	003 Category/Type	
Purpose of Disbursement First Class Stamps		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: SB17.5744 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 15.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	003 Category/Type	
Purpose of Disbursement Mailer/Box/Tape Parcel Mailing		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.5751 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 33.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	003 Category/Type	
Purpose of Disbursement Stamps		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	62.28
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.5752 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 11.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	Category/ Type 003	
Purpose of Disbursement Box and mailing		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: SB17.6028 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 7.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	Category/ Type 001	
Purpose of Disbursement Three First-Class mailings		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.6051 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 8.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	Category/ Type 001	
Purpose of Disbursement Mailing		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	27.45
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.6086 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 7.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Postage Stamps Candidate Name TIM WALZ FOR US CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: SB17.6075 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 14.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement First Class Service Candidate Name TIM WALZ FOR US CONGRESS Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.6077 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 163.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Postage Stamps & 1st Class Service Candidate Name TIM WALZ FOR US CONGRESS Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	185.33
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.6074 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 22.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	003 Category/ Type	
Purpose of Disbursement Postage Stamps & 1st Class Service		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: SB17.6073 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 79.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	003 Category/ Type	
Purpose of Disbursement Postage Stamps		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.6071 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 59.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	003 Category/ Type	
Purpose of Disbursement Postage Stamps		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	162.70
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Malinda VanDuser		Transaction ID: SB17.5718 Date of Disbursement 10 / 01 / 2005
Mailing Address 433 W Chestnut St		Amount of Each Disbursement this Period 369.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St Peter State MN Zip Code 56082	001 Category/Type	
Purpose of Disbursement Sept Payroll		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Malinda VanDuser		Transaction ID: SB17.6012 Date of Disbursement 11 / 01 / 2005
Mailing Address 433 W Chestnut St		Amount of Each Disbursement this Period 369.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St Peter State MN Zip Code 56082	001 Category/Type	
Purpose of Disbursement October Payroll		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Malinda VanDuser		Transaction ID: SB17.6064 Date of Disbursement 12 / 01 / 2005
Mailing Address 433 W Chestnut St		Amount of Each Disbursement this Period 369.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St Peter State MN Zip Code 56082	001 Category/Type	
Purpose of Disbursement November Payroll		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1108.20
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 53

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial)

A. G. Jason Ziesch

Mailing Address 119 Fuller Street

City Mankato State MN Zip Code 56001

Purpose of Disbursement
3-Month Contract Pay

Candidate Name
TIM WALZ FOR US CONGRESS

Office Sought: House
 Senate
 President

State: MN District: 01

Disbursement For: 2006
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.6015

Date of Disbursement

11 / 23 / 2005

Amount of Each Disbursement this Period

11958.06

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

11958.06

TOTAL This Period (last page this line number only)

34837.70

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 53 / 53
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. TIMOTHY J WALZ	Nature of Debt (Purpose): Campaign Expenses
Mailing Address 12 VALLEY VIEW PLACE	
City State ZIP Code MANKATO MN 56001	

Outstanding Balance Beginning This Period 1241.37	Transaction ID: SD10.6062	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1241.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. TIMOTHY J WALZ	Nature of Debt (Purpose): Campaign Travel Expenses
Mailing Address 12 VALLEY VIEW PLACE	
City State ZIP Code MANKATO MN 56001	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.6295	
Amount Incurred This Period 629.49	Payment This Period 0.00	Outstanding Balance at Close of This Period 629.49

1) SUBTOTALS This Period This Page (optional).....	1870.86
2) TOTALS This Period (last page this line number only).....	1870.86
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	