

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 Kline for Congress

ADDRESS (number and street) 101 W Burnsville Pkwy Suite 104 Burnsville MN 55337 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00326629 3. IS THIS REPORT NEW (N) OR AMENDED (A) MN 02

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) [X] 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 04 01 2010 through 06 30 2010

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 Steven D. Ralls

Signature of Treasurer Electronically Filed by Steven D. Ralls Date 10 15 2010

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Kline for Congress

Report Covering the Period:

From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To: 

|   |   |
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| M | M |
| 0 | 6 |

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|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 222241.45               | 1062356.46                         |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  |                         | 530.00                             |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 222241.45               | 1061826.46                         |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 115115.89               | 507455.33                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 15.90                   | 3487.52                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 115099.99               | 503967.81                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 501455.12               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  |                         |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... |                         |                                    |

**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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Kline for Congress

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| <b>I. RECEIPTS</b>   | <b>COLUMN A</b><br>Total This Period | <b>COLUMN B</b><br>Election Cycle-to-Date |
|--|--------------------------------------|---|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                      |   |
| (a) Individuals/Persons Other Than Political Committees  | 117275.00                            | 528928.23                                 |
| (i) Itemized (use Schedule A).....   | 22447.00                             | 117015.31                                 |
| (ii) Unitemized.....   | 139722.00                            | 645943.54                                 |
| (iii) TOTAL of contributions from individuals..... ▶   |                                      |   |
| (b) Political Party Committees.....  |                                      |   |
| (c) Other Political Committees (such as PACS).....   | 82519.45                             | 416412.92                                 |
| (d) The Candidate.....   |                                      |   |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))                       | 222241.45                            | 1062356.46                                |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>   |                                      | 18708.33                                  |
| <b>13. LOANS</b>   |                                      |   |
| (a) Made or Guaranteed by the Candidate.....   |                                      |   |
| (b) All Other Loans.....   |                                      |   |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   |                                      |   |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>                                 | 15.90                                | 3487.52                                   |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>   | 90.41                                | 283.75                                    |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 222347.76                            | 1084836.06                                |

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES.....  | 115115.89                             | 507455.33                                  |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         |                                       |  |
| 19. LOAN REPAYMENTS:   |                                       |  |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     |                                       |  |
| (b) Of all Other Loans.....  |                                       |  |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  |                                       |  |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                                       |  |
| (a) Individuals/Persons Other<br>Than Political Committees.....              |                                       | 530.00                                     |
| (b) Political Party Committees.....  |                                       |  |
| (c) Other Political Committees<br>(such as PACs).....                        |                                       |  |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       |                                       | 530.00                                     |
| 21. OTHER DISBURSEMENTS.....   | 54607.00                              | 130007.00                                  |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 169722.89                             | 637992.33                                  |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 448830.25 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 222347.76 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 671178.01 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 169722.89 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 501455.12 |

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

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

FOR LINE NUMBER: PAGE 5 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
ACRE PAC  
Mailing Address 4301 Wilson Blvd  
City Arlington State VA Zip Code 22203  
FEC ID number of contributing federal political committee. **C** C00002972  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 4500.00  
Date of Receipt: 06 / 03 / 2010  
Transaction ID: SA11C-CN35962  
Amount of Each Receipt this Period: 2000.00

**B.** Full Name (Last, First, Middle Initial)  
ACRE PAC  
Mailing Address 4301 Wilson Blvd  
City Arlington State VA Zip Code 22203  
FEC ID number of contributing federal political committee. **C** C00002972  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt: 06 / 25 / 2010  
Transaction ID: SA11C-CN36098  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
ACRE PAC  
Mailing Address 4301 Wilson Blvd  
City Arlington State VA Zip Code 22203  
FEC ID number of contributing federal political committee. **C** C00002972  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5500.00  
Date of Receipt: 06 / 25 / 2010  
Transaction ID: SA11C-CN36099  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

|   |  |   |                              |                             |
|---|--|---|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 6 / 159</span> |   |                              |                             |
|   | (check only one)   |   |                              |                             |
| <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)  
Kline for Congress

|  |  |                                      |   |
|--|--|--------------------------------------|---|
| <b>A.</b>  | Full Name (Last, First, Middle Initial)<br>Aegon USA PAC   |                                      | Date of Receipt   |
|  | Mailing Address 1111 Charles St N                          |                                      | <input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2010"/> |
|  | City   | State                                | Zip Code  |
|  | Baltimore  | MD                                   | 21201   |
|  | FEC ID number of contributing federal political committee. |                                      | <input type="text" value="C00236414"/>  |
| Name of Employer   |  | Occupation                           | Amount of Each Receipt this Period  |
| Receipt For: 2010  |  | Election Cycle-to-Date ▼             | <input type="text" value="1000.00"/>  |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |  | <input type="text" value="2000.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                                   |  |                                      |   |

|  |   |                                      |   |
|--|---|--------------------------------------|---|
| <b>B.</b>  | Full Name (Last, First, Middle Initial)<br>American Bakers Assn PAC |                                      | Date of Receipt   |
|  | Mailing Address 1350 I N W Suite 1290                               |                                      | <input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2010"/> |
|  | City  | State                                | Zip Code  |
|  | Washington  | DC                                   | 20005   |
|  | FEC ID number of contributing federal political committee.          |                                      | <input type="text" value="C00016386"/>  |
| Name of Employer   |   | Occupation                           | Amount of Each Receipt this Period  |
| Receipt For: 2010  |   | Election Cycle-to-Date ▼             | <input type="text" value="2000.00"/>  |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |   | <input type="text" value="2000.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                                   |   |                                      |   |

|  |   |                                      |   |
|--|---|--------------------------------------|---|
| <b>C.</b>  | Full Name (Last, First, Middle Initial)<br>American Bankers Association PAC |                                      | Date of Receipt   |
|  | Mailing Address 1120 Connecticut Ave NW                                     |                                      | <input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2010"/> |
|  | City  | State                                | Zip Code  |
|  | Washington  | DC                                   | 20036   |
|  | FEC ID number of contributing federal political committee.                  |                                      | <input type="text" value="C00004275"/>  |
| Name of Employer   |   | Occupation                           | Amount of Each Receipt this Period  |
| Receipt For: 2010  |   | Election Cycle-to-Date ▼             | <input type="text" value="1000.00"/>  |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |   | <input type="text" value="6000.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                                   |   |                                      |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="4000.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

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

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

FOR LINE NUMBER: PAGE 7 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Bankers Association PAC

Mailing Address 1120 Connecticut Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 06 / 21 / 2010  
**Transaction ID:** SA11C-CN36003  
 Amount of Each Receipt this Period: 4000.00

**B.** Full Name (Last, First, Middle Initial)  
Ameriprise Financial Inc. PAC

Mailing Address 101 Constitution Ave NW  
Suite 816 W.

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00414474

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 06 / 21 / 2010  
**Transaction ID:** SA11C-CN36005  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Boeing PAC

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt: 06 / 30 / 2010  
**Transaction ID:** SA11C-CN36125  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Boston Scientific Corp PAC

Mailing Address One Boston Scientific Pl

City State Zip Code  
Natick MA 01760

FEC ID number of contributing federal political committee. **C** C00357863

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** SA11C-CN35476

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Career Education Corp PAC

Mailing Address PO Box 77693

City State Zip Code  
Washington DC 20013

FEC ID number of contributing federal political committee. **C** C00461574

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

**Transaction ID:** SA11C-CN35473

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
Cargill Incorporated PAC

Mailing Address PO Box 9300

City State Zip Code  
Minneapolis MN 55440

FEC ID number of contributing federal political committee. **C** C00067884

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** SA11C-CN35930

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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



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

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

FOR LINE NUMBER: PAGE 9 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
CAT PAC

Mailing Address 100 Adams St NE

City Peoria State IL Zip Code 61602

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 06 / 21 / 2010  
**Transaction ID:** SA11C-CN36004  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ceridian Corp PAC

Mailing Address 3311 Old Shakopee Rd E

City Bloomington State MN Zip Code 55425

FEC ID number of contributing federal political committee. **C** C00344127

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 06 / 25 / 2010  
**Transaction ID:** SA11C-CN36101  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Conagra Good Gov't Association

Mailing Address 888 17th St NW Suite 300

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00087874

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 03 / 2010  
**Transaction ID:** SA11C-CN35959  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dow Lohnes PAC  
Mailing Address 1200 New Hampshire Ave NW #800  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00346189  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 05 / 03 / 2010  
Transaction ID: SA11C-CN35475  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
DRS Technologies Inc. Good Government PAC  
Mailing Address 5 Sylvan Way  
City Parsippany State NJ Zip Code 07054  
FEC ID number of contributing federal political committee. **C** C00275123  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: SA11C-CN36120  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
EcoLab Inc. PAC  
Mailing Address 370 Wabasha St N  
City St. Paul State MN Zip Code 55102  
FEC ID number of contributing federal political committee. **C** C00101485  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt 06 / 10 / 2010  
Transaction ID: SA11C-CN35771  
Amount of Each Receipt this Period 3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
EcoLab Inc. PAC  
Mailing Address 370 Wabasha St N  
City St. Paul State MN Zip Code 55102  
FEC ID number of contributing federal political committee. **C** C00101485  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00  
Date of Receipt 06 / 10 / 2010  
Transaction ID: SA11C-CN35772  
Amount of Each Receipt this Period 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Education Managment Corp Employee PAC  
Mailing Address 210 6th Ave NE 33rd floor  
City Pittsburgh State PA Zip Code 15222  
FEC ID number of contributing federal political committee. **C** C00466169  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00  
Date of Receipt 05 / 03 / 2010  
Transaction ID: SA11C-CN35474  
Amount of Each Receipt this Period 2400.00

**C.** Full Name (Last, First, Middle Initial)  
Farm Credit PAC  
Mailing Address 50 F St NW Suite 900  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C** C00193631  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: SA11C-CN36138  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5400.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Frozen Food PAC

Mailing Address 2000 Corporate Rdg Ste 1000

City State Zip Code  
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C** C00385740

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** SA11C-CN35656

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
General Mills PAC

Mailing Address 1 General Mills Blvd

City State Zip Code  
Minneapolis MN 55426

FEC ID number of contributing federal political committee. **C** C00062646

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

**Transaction ID:** SA11C-CN35482

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Gridiron PAC

Mailing Address 280 Park Ave - 17th Floor

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00451153

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 1 0

**Transaction ID:** SA11C-CN36128

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Hartford Advocate PAC

Mailing Address 690 Asylum Ave

City State Zip Code  
Hartford CT 06115

FEC ID number of contributing federal political committee. **C** C00168864

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

**Transaction ID:** SA11C-CN35688

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Hogan & Lovells PAC

Mailing Address 555 13th St NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00261339

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** SA11C-CN35649

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Home Depot PAC

Mailing Address 101 Constitution Ave NW Suite 800w

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8500.00

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

**Transaction ID:** SA11C-CN35472

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ice Cream Milk & Cheese PAC

Mailing Address 1250 H St NW Suite 900

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00128231

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 05 / 26 / 2010  
**Transaction ID:** SA11C-CN35657  
 Amount of Each Receipt this Period: 2000.00

**B.** Full Name (Last, First, Middle Initial)  
ING Americas PAC

Mailing Address 601 13th St NW Suite 700n

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00184028

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 06 / 30 / 2010  
**Transaction ID:** SA11C-CN36118  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
International Association Of Fire Fighters PAC

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 05 / 07 / 2010  
**Transaction ID:** SA11C-CN35486  
 Amount of Each Receipt this Period: 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
International Foodservice Distributors Assoc. PAC  
Mailing Address 1410 Spring Hill Rd #210  
City Mclean State VA Zip Code 22102  
FEC ID number of contributing federal political committee. **C** C00383521  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt: 05 / 26 / 2010  
Transaction ID: SA11C-CN35684  
Amount of Each Receipt this Period: 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Investment Company Institute PAC  
Mailing Address 1401 H Street NW #1200  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00105981  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00  
Date of Receipt: 04 / 26 / 2010  
Transaction ID: SA11C-CN35471  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Investment Company Institute PAC  
Mailing Address 1401 H Street NW #1200  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00105981  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 8000.00  
Date of Receipt: 06 / 21 / 2010  
Transaction ID: SA11C-CN36030  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 16 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
ITC Holdings Corp PAC

Mailing Address 201 Townsend St  
Ste 900

City State Zip Code  
Lansing MI 48933

FEC ID number of contributing federal political committee. **C** C00388462

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** SA11C-CN36032

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Kraft Foods Global Inc PAC

Mailing Address 101 Constitution Ave NW Ste 1000

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00077701

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 8 / 2 0 1 0

**Transaction ID:** SA11C-CN36130

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Massachusetts Mutual Life Insurance PAC

Mailing Address 601 Pennsylvania Ave Nw Suite 420

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0

**Transaction ID:** SA11C-CN36122

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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



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

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

FOR LINE NUMBER: PAGE 17 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Metlife Inc PAC

Mailing Address One Metlife Plaza  
27-01 Queens Plaza North

City Long Island City State NY Zip Code 11101

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0

**Transaction ID:** SA11C-CN36123

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Motorcycle PAC Of MN

Mailing Address 7160 Willow View Cv

City Chanhassen State MN Zip Code 55317

FEC ID number of contributing federal political committee. **C** C00402768

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

**Transaction ID:** SA11C-CN36025

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Nat'l Assn Home Builders PAC

Mailing Address 1201 15th St

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

**Transaction ID:** SA11C-CN36100

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 159

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
National Association Of Health Underwriters PAC

Mailing Address PO Box 20865

City State Zip Code  
Indianapolis IN 46220

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11C-CN35466

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
National Pork Producers PAC

Mailing Address PO Box 10383

City State Zip Code  
Des Moines IA 50306

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11C-CN35687

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
NFIB Safe Trust PAC

Mailing Address 1201 F St NW Suite 200

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11C-CN36124

Amount of Each Receipt this Period

2000.00

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

4000.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Office Of The Comm Of Major League Baseball PAC  
Mailing Address 1050 Connecticut Ave NW #1100

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00368142

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 1 / 2 0 1 0  
**Transaction ID:** SA11C-CN36133  
 Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Oppenheimer Funds PAC  
Mailing Address 2 World Financial Center

City State Zip Code  
New York NY 10080

FEC ID number of contributing federal political committee. **C** C00367920

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0  
**Transaction ID:** SA11C-CN36121  
 Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
PHCC PAC  
Mailing Address 180 S Washington St

City State Zip Code  
Falls Church VA 22046

FEC ID number of contributing federal political committee. **C** C00157875

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0  
**Transaction ID:** SA11C-CN36140  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 159

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Safari Club International PAC

Mailing Address 501 2nd St NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 10 / 2010

Transaction ID: SA11C-CN35769

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Safari Club International PAC

Mailing Address 501 2nd St NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7619.45

Date of Receipt

M M / D D / Y Y Y Y  
06 / 29 / 2010

Transaction ID: SA11C-CN36141

Amount of Each Receipt this Period

619.45

In-Kind Received Lodging and Meals

**C.**

Full Name (Last, First, Middle Initial)  
TargetCitizens PAC

Mailing Address 1000 Nicollet Mall

City State Zip Code  
Minneapolis MN 55403

FEC ID number of contributing federal political committee. **C** C00098061

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 26 / 2010

Transaction ID: SA11C-CN35469

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

5119.45

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
TIAA-CREF PAC

Mailing Address 1101 Pennsylvania Ave Nw Suite 80

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt 05 / 26 / 2010  
**Transaction ID:** SA11C-CN35655  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
TIAA-CREF PAC

Mailing Address 1101 Pennsylvania Ave Nw Suite 80

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt 06 / 21 / 2010  
**Transaction ID:** SA11C-CN35986  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
UBS Americas Fund For Better Govt.

Mailing Address 1501 K St NW #1100  
John Savercool Managing Dir

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 05 / 26 / 2010  
**Transaction ID:** SA11C-CN35654  
 Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Westwood College Fund  
Mailing Address PO Box 101837  
City State Zip Code  
Denver CO 80250  
FEC ID number of contributing federal political committee. **C** C00467589  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0  
Transaction ID: SA11C-CN35426  
Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
Xcel Energy Employee PAC  
Mailing Address 145 University Blvd  
City State Zip Code  
Denver CO 80206  
FEC ID number of contributing federal political committee. **C** C00107771  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 1 0  
Transaction ID: SA11C-CN35917  
Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Rolls-Royce North America PAC  
Mailing Address 14850 Conference Center Dr  
City State Zip Code  
Chantilly VA 20151  
FEC ID number of contributing federal political committee. **C** C00296822  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0  
Transaction ID: SA11C-CN36134  
Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00  
**TOTAL** This Period (last page this line number only) ..... ► 82519.45

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lars Erik Akerberg

Mailing Address 7205 Dahlgren Rd

City Chaska State MN Zip Code 55318

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

Name of Employer Real Estate Company Occupation Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY  
05 / 18 / 2010

Transaction ID: SA11Ai-CN35924

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Patrick Alexander

Mailing Address 16540 Grays Bay Blvd

City Wayzata State MN Zip Code 55391

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

Name of Employer Cold Spring Granite Company Occupation President & CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY  
05 / 07 / 2010

Transaction ID: SA11Ai-CN35496

Amount of Each Receipt this Period: 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Clifford Anderson

Mailing Address 5300 Kelsey Ter

City Edina State MN Zip Code 55436

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY  
05 / 26 / 2010

Transaction ID: SA11Ai-CN35701

Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Clifford Anderson  
 Mailing Address 5300 Kelsey Ter  
 City Edina State MN Zip Code 55436  
 Date of Receipt MM / DD / YYYY 05 / 26 / 2010  
**Transaction ID:** SA11Ai-CN35702  
 Amount of Each Receipt this Period 2400.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 4800.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Duncan M Anderson  
 Mailing Address 6415 Murray Hill Rd  
 City Baltimore State MD Zip Code 21212  
 Date of Receipt MM / DD / YYYY 04 / 14 / 2010  
**Transaction ID:** SA11Ai-CN35420  
 Amount of Each Receipt this Period 1500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Education Affiliates Occupation CEO  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey P Anderson  
 Mailing Address 80 S 80th St #1285  
 City Minneapolis State MN Zip Code 55402  
 Date of Receipt MM / DD / YYYY 06 / 10 / 2010  
**Transaction ID:** SA11Ai-CN35767  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer FMA Occupation Lawyer  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4150.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lee Anderson

Mailing Address 3054 Gordon Dr

City State Zip Code  
Naples FL 34102

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

Name of Employer Occupation  
API Group Chairman

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 03 / 2010

**Transaction ID:** SA11Ai-CN35740

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Penny M Anderson

Mailing Address 3054 Gordon Dr

City State Zip Code  
Naples FL 34102

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 10 / 2010

**Transaction ID:** SA11Ai-CN35766

Amount of Each Receipt this Period  
2400.00

**C.** Full Name (Last, First, Middle Initial)  
Tani Austin

Mailing Address PO Box 702545

City State Zip Code  
Dallas TX 75370

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11Ai-CN36112

Amount of Each Receipt this Period  
2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7200.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Tani Austin  
Mailing Address PO Box 702545  
City Dallas State TX Zip Code 75370  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For: 2010  Primary  General  Other (specify) ▼ Election Cycle-to-Date ▼ 4800.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: SA11Ai-CN36113  
Amount of Each Receipt this Period 2400.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas M Baker, Jr  
Mailing Address 370 N Wabasha St  
City Saint Paul State MN Zip Code 55102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ecolab Inc. Occupation Chairman President & CEO  
Receipt For: 2010  Primary  General  Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 06 / 10 / 2010  
Transaction ID: SA11Ai-CN35817  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jerald M Barnett, Jr  
Mailing Address 2420 Country Club Ln  
City Little Rock State AR Zip Code 72207  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Education Of America Occupation Chairman  
Receipt For: 2010  Primary  General  Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00  
Date of Receipt 04 / 23 / 2010  
Transaction ID: SA11Ai-CN35431  
Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4900.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 27 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jon Barnett

Mailing Address 5633 Interlachen Cir

City Edina State MN Zip Code 55436

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

Name of Employer Edina Alarm Security Systems Occupation Sales Associate

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 10 / 2010  
**Transaction ID:** SA11Ai-CN35757  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Carl B Barney

Mailing Address PO Box 1157

City Crystal Bay State NV Zip Code 89402

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

Name of Employer Stevens-Henager College Occupation Chairman

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 07 / 2010  
**Transaction ID:** SA11Ai-CN35481  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
John Barry

Mailing Address 2104 Hastings Ave

City Newport State MN Zip Code 55055

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

Name of Employer Bankservices Company Occupation Investor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 03 / 2010  
**Transaction ID:** SA11Ai-CN35965  
 Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Walter R Barry  
Mailing Address 2960 Gale Rd  
City Wayzata State MN Zip Code 55391  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2400.00  
Date of Receipt 05 / 26 / 2010  
Transaction ID: SA11Ai-CN35698  
Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial)  
Walter R Barry  
Mailing Address 2960 Gale Rd  
City Wayzata State MN Zip Code 55391  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3000.00  
Date of Receipt 05 / 26 / 2010  
Transaction ID: SA11Ai-CN35699  
Amount of Each Receipt this Period 600.00

**C.** Full Name (Last, First, Middle Initial)  
Ronald Baukol  
Mailing Address 70 Spruce St  
City St. Paul State MN Zip Code 55115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: SA11Ai-CN36108  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 29 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Arthur E Benjamin

Mailing Address 6711 Royal Orchid Cir

City State Zip Code  
Delray Beach FL 33446

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

Name of Employer Occupation  
ATI Enterprises CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 1 0

**Transaction ID:** SA11Ai-CN35442

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
James Bissonett

Mailing Address 9163 117th St N

City State Zip Code  
Scottsdale AZ 85259

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

Name of Employer Occupation  
Monterey Benefits LLC Benefits Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

**Transaction ID:** SA11Ai-CN35648

Amount of Each Receipt this Period  
500.00

TrnsRef: 27103437 CustRef: 7768559

**C.** Full Name (Last, First, Middle Initial)  
James Bissonett

Mailing Address 9163 117th St N

City State Zip Code  
Scottsdale AZ 85259

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

Name of Employer Occupation  
Monterey Benefits LLC Benefits Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

**Transaction ID:** SA11Ai-CN36146

Amount of Each Receipt this Period  
-100.00

Redesignated to General 2010

**[MEMO ITEM]**  
Redesignated

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 159  
(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)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
James Bissonett

Mailing Address 9163 117th St N

City State Zip Code  
Scottsdale AZ 85259

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

Name of Employer Occupation  
Monterey Benefits LLC Benefits Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
100.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2010

Transaction ID: SA11Ai-CN36147

Redesignated from Primary 2010

**[MEMO ITEM]**  
Redesignation

**B.**

Full Name (Last, First, Middle Initial)  
Colonel Richard Blanchfield

Mailing Address 15998 Cove Ln

City State Zip Code  
Dumfries VA 22026

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

Name of Employer Occupation  
Science Applications International Senior Analyst

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

Transaction ID: SA11Ai-CN35779

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Randall J Bock

Mailing Address 439 Vadnais Lake Dr

City State Zip Code  
Vadnais Heights MN 55127

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

Name of Employer Occupation  
Self Employed Insurance Agent

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

Transaction ID: SA11Ai-CN35756

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Daniel L. Bonneur

Mailing Address 14359 Woodville Dr

City State Zip Code  
Waseca MN 56093

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

Name of Employer Occupation  
Reliance Bank Senior Vice President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID:** SA11Ai-CN35695

Amount of Each Receipt this Period  
250.00

250.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel Charles Borowicz

Mailing Address 7687 Whitney Dr

City State Zip Code  
Apple Valley MN 55124

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

Name of Employer Occupation  
Self Realtor

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID:** SA11Ai-CN36007

Amount of Each Receipt this Period  
50.00

800.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas W Brierton

Mailing Address 38815 Dutchmans Knoll Dr

City State Zip Code  
Lovettsville VA 20180

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

Name of Employer Occupation  
Franklin Consulting Government Affairs

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

**Transaction ID:** SA11Ai-CN35467

Amount of Each Receipt this Period  
250.00

250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Jean Broich  
Mailing Address 9105 Mitchell Rd  
City Eden Prairie State MN Zip Code 55347  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 05 / 26 / 2010  
Transaction ID: SA11Ai-CN35692  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Larry K Burgess  
Mailing Address 21310 Wind Rush Ct  
City Sterling State VA Zip Code 20165  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US Government Dept of Defense Occupation Analyst  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 04 / 18 / 2010  
Transaction ID: SA11Ai-CN35404  
Amount of Each Receipt this Period 250.00  
TrnsRef: 25566443 CustRef: 6295315

**C.** Full Name (Last, First, Middle Initial)  
Brad Buscher  
Mailing Address 302 Riverfront Dr N  
City Mankato State MN Zip Code 56001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bankers American Capital Corp Occupation Merchant Banker  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 06 / 03 / 2010  
Transaction ID: SA11Ai-CN35726  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Thomas Paul Butler

Mailing Address 7735 Gibraltar Ter

City State Zip Code  
Apple Valley MN 55124

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

Name of Employer Occupation  
T & K Restaurant Franchise Owner/Operators McDonald Resta  
Gro

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 21 / 2010

**Transaction ID:** SA11Ai-CN35988

Amount of Each Receipt this Period  
500.00

500.00

**B.** Full Name (Last, First, Middle Initial)  
Darrell Butterwick

Mailing Address 1694 Kerry Ln

City State Zip Code  
Woodbury MN 55125

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 18 / 2010

**Transaction ID:** SA11Ai-CN35848

Amount of Each Receipt this Period  
50.00

210.00

**C.** Full Name (Last, First, Middle Initial)  
Jay Hale Cavanagh

Mailing Address 5204 Glengarry Pkwy

City State Zip Code  
Edina MN 55436

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

Name of Employer Occupation  
KNW Group Owner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 26 / 2010

**Transaction ID:** SA11Ai-CN35696

Amount of Each Receipt this Period  
250.00

250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 159

(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 |

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)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Rene Champagne

Mailing Address 1890 South Inlet Dr.

City State Zip Code  
Marco Island FL 34145

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

Name of Employer Occupation  
ITT Chairman

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: SA11Ai-CN35445

Amount of Each Receipt this Period

1000.00

TrnsRef: 26006833 CustRef: 7551197

**B.**

Full Name (Last, First, Middle Initial)  
The Chickasaw Nation

Mailing Address PO Box 1548

City State Zip Code  
Ada OK 74820

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

Name of Employer Occupation  
Native American Tribe Native American Tribe

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 3400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11Ai-CN35739

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Lee Ann Chinn

Mailing Address 4706 Burdette

City State Zip Code  
Omaha NE 68104

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

Name of Employer Occupation  
Douglas County Health Dept Registered Nurse

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11Ai-CN35667

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
for each category of the  
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(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Stephen Clark

Mailing Address 9273 Lerwick Dr

City State Zip Code  
Dublin OH 43017

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

Name of Employer Occupation  
Clark Lytle and Geduldig Senior Partner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11Ai-CN35468

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Douglas Coleman

Mailing Address 140 Brown Rd S

City State Zip Code  
Long Lake MN 55356

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 0

Transaction ID: SA11Ai-CN35783

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Daniel Peter Commers

Mailing Address 2400 Delaware Ave

City State Zip Code  
Sunfish Lake MN 55118

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

Name of Employer Occupation  
Roseville Properties CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 0

Transaction ID: SA11Ai-CN35755

Amount of Each Receipt this Period  
250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Christopher C Cox

Mailing Address 2205 Windsor Rd

City State Zip Code  
Alexandria VA 22307

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

Name of Employer Navigators Global Occupation Principal

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11Ai-CN36132

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Frank B Daniel

Mailing Address 1379 Jurdy Rd

City State Zip Code  
Eagan MN 55121

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2010

**Transaction ID:** SA11Ai-CN35561

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mark E. Davis

Mailing Address 717 9th St N

City State Zip Code  
Saint Peter MN 56082

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

Name of Employer Davisco Foods International Inc. Occupation CEO/Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2010

**Transaction ID:** SA11Ai-CN36051

Amount of Each Receipt this Period  
2400.00

TrnsRef: 27545141 CustRef: 7860173

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2950.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 159

(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)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)

Mark E. Davis

Mailing Address 717 9th St N

City State Zip Code  
Saint Peter MN 56082

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

Name of Employer  
Davisco Foods International Inc.

Occupation  
CEO/Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2400.00

Date of Receipt

MM / DD / YYYY  
06 / 29 / 2010

Transaction ID: SA11Ai-CN36148

Amount of Each Receipt this Period

-2300.00

Redesignated to General  
2010

**[MEMO ITEM]**  
Redesignated

**B.**

Full Name (Last, First, Middle Initial)

Mark E. Davis

Mailing Address 717 9th St N

City State Zip Code  
Saint Peter MN 56082

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

Name of Employer  
Davisco Foods International Inc.

Occupation  
CEO/Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4700.00

Date of Receipt

MM / DD / YYYY  
06 / 29 / 2010

Transaction ID: SA11Ai-CN36149

Amount of Each Receipt this Period

2300.00

Redesignated from Primary  
2010

**[MEMO ITEM]**  
Redesignation

**C.**

Full Name (Last, First, Middle Initial)

Bruce Dayton

Mailing Address 900 Old Long Lake Rd

City State Zip Code  
Wayzata MN 55391

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

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

MM / DD / YYYY  
06 / 21 / 2010

Transaction ID: SA11Ai-CN35985

Amount of Each Receipt this Period

500.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 159

(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)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
James Delaplaine, Jr

Mailing Address 4421 45th St NW

City State Zip Code  
Washington DC 20016

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

Name of Employer Occupation  
Davis & Harman LLP Attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11Ai-CN36129

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Philip J Devolites

Mailing Address 83 Marcin Hill

City State Zip Code  
Burnsville MN 55337

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

Name of Employer Occupation  
Retired Manager

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11Ai-CN36048

Amount of Each Receipt this Period  
500.00

TrnsRef: 27544261 CustRef: 7859709

**C.**

Full Name (Last, First, Middle Initial)  
John Timothy Diegel

Mailing Address 6024 Pine Grove Rd

City State Zip Code  
Edina MN 55436

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

Name of Employer Occupation  
Park Nicollet Ophthalmologist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11Ai-CN35700

Amount of Each Receipt this Period  
250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lyle Doerr  
Mailing Address 7198 Keats Ave N  
City Stillwater State MN Zip Code 55082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00  
Date of Receipt 05 / 26 / 2010  
Transaction ID: SA11Ai-CN35463  
Amount of Each Receipt this Period 100.00  
TrnsRef: 26582165 CustRef: 7145205

**B.** Full Name (Last, First, Middle Initial)  
Timothy Doherty  
Mailing Address 11039 Bell Oaks Estate Rd  
City Eden Prairie State MN Zip Code 55347  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Employment Group Companies Occupation CEO  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 05 / 07 / 2010  
Transaction ID: SA11Ai-CN35480  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
James Theodore Doudiet  
Mailing Address 8339 152nd Pl  
City Savage State MN Zip Code 55378  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: SA11Ai-CN36111  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 40 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mark Dreyfus  
Mailing Address 5104 Ocean Front Ave  
City Virginia Beach State VA Zip Code 23451  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ECPI College of Technology Occupation Education Manager  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 1500.00  
Date of Receipt 05 / 03 / 2010  
Transaction ID: SA11Ai-CN35443  
Amount of Each Receipt this Period 1500.00  
TrnsRef: 25946691 CustRef: 7536863

**B.** Full Name (Last, First, Middle Initial)  
Michael John Egan  
Mailing Address 10220 170th St W  
City Lakeville State MN Zip Code 55044  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Hays Companies Occupation Insurance Broker  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 2400.00  
Date of Receipt 06 / 03 / 2010  
Transaction ID: SA11Ai-CN35723  
Amount of Each Receipt this Period 2400.00

**C.** Full Name (Last, First, Middle Initial)  
Michael John Egan  
Mailing Address 10220 170th St W  
City Lakeville State MN Zip Code 55044  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Hays Companies Occupation Insurance Broker  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 3000.00  
Date of Receipt 06 / 03 / 2010  
Transaction ID: SA11Ai-CN35724  
Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 4500.00  
**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mac Elliott

Mailing Address PO Box 5199

City State Zip Code  
Jackson MS 39296

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

Name of Employer Occupation  
National Aviation Academy CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

**Transaction ID:** SA11Ai-CN35423

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
Clark Elwood

Mailing Address 13000 N. Meridian St

City State Zip Code  
Carmel IN 46032

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

Name of Employer Occupation  
ITT Educational Services Inc Executive

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11Ai-CN35492

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
John Farrell

Mailing Address 1785 Emerson Ave S

City State Zip Code  
Minneapolis MN 55403

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

Name of Employer Occupation  
Haskells Wine Merchant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

**Transaction ID:** SA11Ai-CN35964

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3150.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 159  
(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)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Mary Fayfield

Mailing Address 6005 Christmas Lake Rd

City State Zip Code  
Excelsior MN 55331

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11Ai-CN35725

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Manager William Fitzgerald

Mailing Address 109 Krestwood Dr

City State Zip Code  
Burnsville MN 55337

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

Name of Employer Occupation  
Factory Motor Parts Compa- Manager  
ny

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11Ai-CN36063

Amount of Each Receipt this Period

50.00

TrnsRef: 27546663 CustRef: 5598295

**C.**

Full Name (Last, First, Middle Initial)  
Daniel Fitzpatrick

Mailing Address 1240 Clay Spring Drive

City State Zip Code  
Carmel IN 46032

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

Name of Employer Occupation  
ITT Educational Services Financial Management

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11Ai-CN35495

Amount of Each Receipt this Period

1000.00

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

2050.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
David Frauenshuh

Mailing Address 6401 Indian Hills Rd

City State Zip Code  
Minneapolis MN 55439

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

Name of Employer Occupation  
Frauenshuh Companies CEO/Owner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11Ai-CN36135

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Christopher W Frech

Mailing Address 1653 Fitzgerald Ln

City State Zip Code  
Alexandria VA 22302

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

Name of Employer Occupation  
Emergent BioSolutions Vice President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 26 / 2010

**Transaction ID:** SA11Ai-CN35650

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Steven Law Fritze

Mailing Address 1367 Chattertown Rd

City State Zip Code  
Eagan MN 55123

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

Name of Employer Occupation  
EcoLab CFO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 10 / 2010

**Transaction ID:** SA11Ai-CN35816

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 44 / 159

(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)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Betty Ann Gaston

Mailing Address 2840 Boulder Dr

City State Zip Code  
Burnsville MN 55337

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

Name of Employer Occupation  
Taxidermy Unlimited Self Employed

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11Ai-CN35694

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Kevin Gilligan

Mailing Address 5804 Crescent Terrace

City State Zip Code  
Minneapolis MN 55424

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

Name of Employer Occupation  
Capella Education Company CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: SA11Ai-CN35922

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Gregory Paul Grazzini

Mailing Address 1251 Hesse Farm Cir

City State Zip Code  
Chaska MN 55318

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

Name of Employer Occupation  
Grazzini Brothers & Company President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11Ai-CN35941

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 45 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Margaret O Gruenes

Mailing Address 16736 Irwindale Way

City State Zip Code  
Lakeville MN 55044

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

Name of Employer Occupation  
Cedar Park Public Schools Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2010

**Transaction ID:** SA11Ai-CN36006

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. LaDonna M Grundhofer

Mailing Address 800 Nicollet Mall Ste 2870

City State Zip Code  
Minneapolis MN 55402

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2010

**Transaction ID:** SA11Ai-CN35736

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Fremont Gruss

Mailing Address 3360 Shavers Lake Rd

City State Zip Code  
Deephaven MN 55391

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2010

**Transaction ID:** SA11Ai-CN35981

Amount of Each Receipt this Period  
100.00

TrnsRef: 27232607 CustRef: 7796505

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 159  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mark H Gulbrandson

Mailing Address 21085 Ridgewood Trl

City State Zip Code  
Lakeville MN 55044

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

Name of Employer Occupation  
Apple Valley Ford CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11Ai-CN35457

Amount of Each Receipt this Period  
1000.00

TrnsRef: 26390189 CustRef: 7627707

**B.** Full Name (Last, First, Middle Initial)  
Mark Duane Hamilton

Mailing Address 14722 Excelsior Ln

City State Zip Code  
Apple Valley MN 55124

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

Name of Employer Occupation  
TDKA Engineer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2010

**Transaction ID:** SA11Ai-CN35677

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Glenn Hasse

Mailing Address 81 Seagate Dr  
Apt 1503

City State Zip Code  
Naples FL 34103

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** SA11Ai-CN35778

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Larry Lee Hassler  
Mailing Address 8885 Alfa Ln  
City Inver Grove Height State MN Zip Code 55077  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pearson Candy Company Occupation President/ C.E.O./ Owner  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 500.00  
Date of Receipt 06 / 28 / 2010  
Transaction ID: SA11Ai-CN36035  
Amount of Each Receipt this Period 250.00  
TrnsRef: 27475537 CustRef: 6271765

**B.** Full Name (Last, First, Middle Initial)  
Roger Haugo  
Mailing Address 101 33rd St E  
City Sioux Falls State SD Zip Code 57105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Valley Exchange Bank Occupation Banking  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 300.00  
Date of Receipt 05 / 26 / 2010  
Transaction ID: SA11Ai-CN35628  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Bonnie J Hayden  
Mailing Address 6704 Parkwood Ln  
City Edina State MN Zip Code 55436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gold Mine Antiques Occupation Partner  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 05 / 18 / 2010  
Transaction ID: SA11Ai-CN35920  
Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2400.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 159  
(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)  
Kline for Congress

**A.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Vernon Heath   |                                     | Date of Receipt<br>MM / DD / YYYY<br>06 / 29 / 2010 |
| Mailing Address 4725 Hibiscus Ave   |                                     | <b>Transaction ID:</b> SA11Ai-CN36036               |
| City<br>Minneapolis   | State<br>MN                         | Zip Code<br>55435                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>Rosemount Inc.  | Occupation<br>CEO/President         | TrnsRef: 27520299 CustRef:<br>7858391               |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Melvin Heckt   |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 21 / 2010 |
| Mailing Address 2651 Major Ave N  |                                    | <b>Transaction ID:</b> SA11Ai-CN36001               |
| City<br>Minneapolis   | State<br>MN                        | Zip Code<br>55422                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>Self Employed   | Occupation<br>Attorney             |   |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>350.00 |   |

**C.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Henry Herzing  |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 22 / 2010 |
| Mailing Address 64 Cayman Pl  |                                     | <b>Transaction ID:</b> SA11Ai-CN35405               |
| City<br>West Palm Beach   | State<br>FL                         | Zip Code<br>33418                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>Herzing College   | Occupation<br>President             | TrnsRef: 25684061 CustRef:<br>7480937               |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 2100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |



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

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

FOR LINE NUMBER: PAGE 49 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert F Herzog

Mailing Address 4411 N Illinois

City Indianapolis State IN Zip Code 46208

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

Name of Employer IN Business College Occupation Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2010  
**Transaction ID:** SA11Ai-CN35494  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David W Hobbs

Mailing Address 300 New Jersey Ave NW #601

City Washington State DC Zip Code 20001

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

Name of Employer The Hobbs Group Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 26 / 2010  
**Transaction ID:** SA11Ai-CN35653  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
James Howard

Mailing Address 318 Waycliff N

City Wayzata State MN Zip Code 55391

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2010  
**Transaction ID:** SA11Ai-CN36092  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. John W Howard

Mailing Address 17220 MacDuff Ave

City Olney State MD Zip Code 20832

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

Name of Employer Wexler & Walker Occupation Vice Chairman

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2010  
**Transaction ID:** SA11Ai-CN35652  
 Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Christopher B Hunt

Mailing Address 10060 Gristmill Ridge

City Eden Prairie State MN Zip Code 55347

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

Name of Employer Fredrickson And Byron Occupation Lawyer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 06 / 10 / 2010  
**Transaction ID:** SA11Ai-CN35758  
 Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Peter Fai Hunt

Mailing Address 898 Rolling Blf

City Excelsior State MN Zip Code 55331

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

Name of Employer 53 Consulting Occupation Partner/VP of Operations

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 26 / 2010  
**Transaction ID:** SA11Ai-CN35693  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

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

FOR LINE NUMBER: PAGE 51 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
James D Hutton

Mailing Address 1035 Lake Heather Road

City Birmingham State AL Zip Code 35242

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

Name of Employer Anthem Education Occupation Chairman

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 04 / 14 / 2010  
**Transaction ID:** SA11Ai-CN35403  
Amount of Each Receipt this Period 1500.00  
TrnsRef: 25445803 CustRef: 7431651

**B.**

Full Name (Last, First, Middle Initial)  
Gordon Jensen

Mailing Address 10689 Sonoma Ridge

City Eden Prairie State MN Zip Code 55347

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

Name of Employer Norman G Jensen Inc Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 25 / 2010  
**Transaction ID:** SA11Ai-CN36090  
Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Colette Joan Jorgensen

Mailing Address 2311 Wildwood Dr

City Shakopee State MN Zip Code 55379

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 05 / 11 / 2010  
**Transaction ID:** SA11Ai-CN35974  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2050.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Warren Kapsner

Mailing Address 130 Edgewood Ave S

City State Zip Code  
Minneapolis MN 55426

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

Name of Employer Occupation  
Rapid Graphics Printing

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** SA11Ai-CN35765

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Patti Ann Kasper

Mailing Address 8220 109th St W

City State Zip Code  
Bloomington MN 55438

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

Name of Employer Occupation  
North Memorial Hospital Nurse

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

**Transaction ID:** SA11Ai-CN35551

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Nancy Kennedy

Mailing Address 201 43rd St

City State Zip Code  
Alexandria VA 22302

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

Name of Employer Occupation  
Delta Career Corp Executive

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2010

**Transaction ID:** SA11Ai-CN35407

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

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

|   |   |
|---|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 53 / 159</span> |
|   | (check only one)  |
| <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"/>  | <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)  
Kline for Congress

|  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Robert Kierlin</p> <p>Mailing Address 2001 Theurer Blvd</p> <p>City State Zip Code<br/>Winona MN 55987</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation<br/>Fastenal Co President</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼<br/> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p> | <p>Date of Receipt<br/> <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11Ai-CN35919</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1000.00</span></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 8 |  | 2 | 0 | 1 | 0 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5  |   | 1 | 8 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Kristine Elizabeth Klemm</p> <p>Mailing Address 13605 Wellington Cres</p> <p>City State Zip Code<br/>Burnsville MN 55337</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation<br/>Self Employed Physician</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼<br/> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">750.00</span></p> | <p>Date of Receipt<br/> <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11Ai-CN36031</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">100.00</span></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 2 | 1 |  | 2 | 0 | 1 | 0 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 6   |   | 2 | 1 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Loren R Knott</p> <p>Mailing Address 140 Oak Shore Dr</p> <p>City State Zip Code<br/>Burnsville MN 55306</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation<br/>Retired Retired</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼<br/> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span></p> | <p>Date of Receipt<br/> <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11Ai-CN35514</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">50.00</span></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 1 |  | 2 | 0 | 1 | 0 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 5  |   | 1 | 1 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">1150.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |   |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Loren R Knott

Mailing Address 140 Oak Shore Dr

City State Zip Code  
Burnsville MN 55306

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

Name of Employer Retired      Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

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

**Transaction ID:** SA11Ai-CN35679

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Loren R Knott

Mailing Address 140 Oak Shore Dr

City State Zip Code  
Burnsville MN 55306

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

Name of Employer Retired      Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

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

**Transaction ID:** SA11Ai-CN36021

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Margaret Fairfield Koepf

Mailing Address 4486 Lakeshore Ter

City State Zip Code  
Eagan MN 55122

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

Name of Employer Retired      Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 425.00

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

**Transaction ID:** SA11Ai-CN35528

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **425.00**

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

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

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

FOR LINE NUMBER: PAGE 55 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Margaret Fairfield Koepf  
Mailing Address 4486 Lakeshore Ter

City Eagan State MN Zip Code 55122

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 575.00

Date of Receipt: 06 / 21 / 2010  
**Transaction ID: SA11Ai-CN36019**  
 Amount of Each Receipt this Period: 150.00

**B.** Full Name (Last, First, Middle Initial)  
Margaret Fairfield Koepf  
Mailing Address 4486 Lakeshore Ter

City Eagan State MN Zip Code 55122

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 675.00

Date of Receipt: 06 / 25 / 2010  
**Transaction ID: SA11Ai-CN36096**  
 Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jason Konesco  
Mailing Address 4320 Washington Blvd

City Indianapolis State IN Zip Code 46205

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

Name of Employer Harrison College Occupation Sr VP Of Operations

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 05 / 07 / 2010  
**Transaction ID: SA11Ai-CN35493**  
 Amount of Each Receipt this Period: 500.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Paul Langenfeld  
 Mailing Address Post Office Box 533  
 City State Zip Code  
 Hastings MN 55033  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 0 3 / 2 0 1 0  
**Transaction ID:** SA11Ai-CN35721  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Benefitting People With Disabilities  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1100.00

**B.** Full Name (Last, First, Middle Initial)  
Madonna Mary Larsen  
 Mailing Address 18190 Fischer Ave  
 City State Zip Code  
 Hastings MN 55033  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 6 / 2 0 1 0  
**Transaction ID:** SA11Ai-CN35611  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 746.00

**C.** Full Name (Last, First, Middle Initial)  
Lois James Larson  
 Mailing Address 13509 York Ave S  
 City State Zip Code  
 Burnsville MN 55337  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 6 / 2 0 1 0  
**Transaction ID:** SA11Ai-CN35607  
 Amount of Each Receipt this Period  
 200.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Pat Ryan Lewis

Mailing Address 6821 Cheyenne Trl

City State Zip Code  
Minneapolis MN 55439

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

Name of Employer Occupation  
Self-Employed Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2010

**Transaction ID:** SA11Ai-CN35697

Amount of Each Receipt this Period  
250.00

250.00

**B.** Full Name (Last, First, Middle Initial)  
Jay E. Link

Mailing Address PO Box 210

City State Zip Code  
Minong WI 54859

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

Name of Employer Occupation  
Link International Invest- Businessman  
ments

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2010

**Transaction ID:** SA11Ai-CN35690

Amount of Each Receipt this Period  
250.00

250.00

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

Mailing Address 1655 N. Greenbrier St

City State Zip Code  
Arlington VA 22205

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

Name of Employer Occupation  
C2 Group Government Affairs/consulting

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** SA11Ai-CN36114

Amount of Each Receipt this Period  
500.00

500.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. James Michael Locke

Mailing Address 3909 Franklin Ave

City State Zip Code  
Western Springs IL 60558

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

Name of Employer Occupation  
Rasmussen College CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID:** SA11Ai-CN35477

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
H. William Lurton

Mailing Address PO Box 408

City State Zip Code  
Long Lake MN 55356

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID:** SA11Ai-CN35845

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Daniel Lysne

Mailing Address 1322 S 23rd St

City State Zip Code  
Fargo ND 58103

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

Name of Employer Occupation  
Self Employed Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID:** SA11Ai-CN35768

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3650.00**

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 59 / 159                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sara Anne Manley

Mailing Address 9262 Albright Ct

City Inver Grove Height State MN Zip Code 55077

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt: 06 / 03 / 2010  
**Transaction ID: SA11Ai-CN35938**  
Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Monsour Mansur

Mailing Address 6224 Lynn Way

City Woodbury State MN Zip Code 55129

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt: 05 / 20 / 2010  
**Transaction ID: SA11Ai-CN35553**  
Amount of Each Receipt this Period: 75.00

**C.** Full Name (Last, First, Middle Initial)  
James Edward Marchessault

Mailing Address 3218 Butternut Cir NW

City Prior Lake State MN Zip Code 55372

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

Name of Employer BCSI- Business Card Service Inc. Occupation CEO/President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt: 06 / 21 / 2010  
**Transaction ID: SA11Ai-CN36018**  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

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

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

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

FOR LINE NUMBER: PAGE 60 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Salt River Pima Maricopa Indian Community  
Mailing Address 10005 Osborn Rd E

City State Zip Code  
Scottsdale AZ 85256

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

Name of Employer Occupation  
Native American Tribe Native American Tribe

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11Ai-CN36136

Amount of Each Receipt this Period  
400.00

2400.00

**B.** Full Name (Last, First, Middle Initial)  
Salt River Pima Maricopa Indian Community  
Mailing Address 10005 Osborn Rd E

City State Zip Code  
Scottsdale AZ 85256

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

Name of Employer Occupation  
Native American Tribe Native American Tribe

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11Ai-CN36137

Amount of Each Receipt this Period  
600.00

3000.00

**C.** Full Name (Last, First, Middle Initial)  
Gilbert Allen Mathews  
Mailing Address 2703 South Woods Trail

City State Zip Code  
Burnsville MN 55306

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2010

**Transaction ID:** SA11Ai-CN36045

Amount of Each Receipt this Period  
1000.00

TrnsRef: 27541109 CustRef: 5395587

3400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 61 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lillian R Mathews  
 Mailing Address 2703 South Woods Trail  
 City State Zip Code  
 Burnsville MN 55306  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 8 / 2 0 1 0  
**Transaction ID:** SA11Ai-CN35478  
 Amount of Each Receipt this Period  
 500.00  
 TrnsRef: 26696219 CustRef: 5395587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dudley McLinn  
 Mailing Address 2617 Dean Pkwy  
 City State Zip Code  
 Minneapolis MN 55416  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 3 / 2 0 1 0  
**Transaction ID:** SA11Ai-CN35719  
 Amount of Each Receipt this Period  
 2000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Executive Health Care Occupation Physician  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald J McMahan  
 Mailing Address 6116 Baldwin Lake Rd  
 City State Zip Code  
 Circle Pines MN 55014  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 1 0  
**Transaction ID:** SA11Ai-CN35843  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Rep Denny M McNamara  
Mailing Address 1368 Featherstone Court  
City State Zip Code  
Hastings MN 55033  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation State Representative  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt: 06 / 21 / 2010  
Transaction ID: SA11Ai-CN35993  
Amount of Each Receipt this Period: 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel P Meyer  
Mailing Address 2506 Duxbury PI  
City State Zip Code  
Alexandria VA 22308  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Duberstein Group Occupation Vice President  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00  
Date of Receipt: 05 / 26 / 2010  
Transaction ID: SA11Ai-CN35651  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kevin M Modany  
Mailing Address 1031 Princeton Gate  
City State Zip Code  
Carmel IN 46032  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ITT Educational Services Occupation President  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1500.00  
Date of Receipt: 04 / 29 / 2010  
Transaction ID: SA11Ai-CN35441  
Amount of Each Receipt this Period: 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2650.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 63 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Colonel Quentin James Morris

Mailing Address 111 Pony Ln W

City State Zip Code  
Apple Valley MN 55124

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

Name of Employer Occupation  
USAF Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 0 | 7 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11Ai-CN35448  
 Amount of Each Receipt this Period 75.00  
 TrnsRef: 26117009 CustRef: 5559099

**B.** Full Name (Last, First, Middle Initial)  
Clinton Morrison

Mailing Address 2400 Cedar Point Dr

City State Zip Code  
Wayzata MN 55391

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 1 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11Ai-CN35984  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kathryn Sharon Kay Myhre

Mailing Address 727 Summer Pl

City State Zip Code  
Eagan MN 55123

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

Name of Employer Occupation  
Higher Education Executive

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 3 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11Ai-CN35961  
 Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2575.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
William Otto Naegele

Mailing Address 6356 Smithtown Rd

City State Zip Code  
Excelsior MN 55331

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

Name of Employer WaterTower Place Occupation Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

**Transaction ID:** SA11Ai-CN35603

Amount of Each Receipt this Period  
100.00

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

Mailing Address 7013 Dublin Rd

City State Zip Code  
Edina MN 55439

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

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

**Transaction ID:** SA11Ai-CN35923

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Scott Raymond Newman

Mailing Address 10055 205th St W

City State Zip Code  
Lakeville MN 55044

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

Name of Employer Newman Financial Services LLC Occupation CFO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** SA11Ai-CN35902

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Scott Raymond Newman

Mailing Address 10055 205th St W

City State Zip Code  
Lakeville MN 55044

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

Name of Employer Newman Financial Services LLC      Occupation CFO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

**Transaction ID:** SA11Ai-CN36000

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
James Nordlie

Mailing Address P. O. Box 3583

City State Zip Code  
Minneapolis MN 55403

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

Name of Employer Minneapolis Real Estate      Occupation Investor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** SA11Ai-CN35691

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Terry M O'Neill

Mailing Address 7404 Shannon Dr

City State Zip Code  
Edina MN 55439

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

Name of Employer Terry O'Neill DMD      Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** SA11Ai-CN36091

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Frederic Olson  
Mailing Address 4335 180th St E  
City State Zip Code  
Hastings MN 55033  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 270.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 1 0  
Transaction ID: SA11Ai-CN35575  
Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Gary Laurel Olson  
Mailing Address 8807 Ridge Ponds Dr  
City State Zip Code  
Victoria MN 55386  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cummins Power Generation Occupation Manufacturing Representative/Director  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 0  
Transaction ID: SA11Ai-CN35722  
Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Terry Paul  
Mailing Address 700 13th St NW Suite 400  
City State Zip Code  
Washington DC 20005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 1 0  
Transaction ID: SA11Ai-CN35465  
Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1075.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. David D Perkins

Mailing Address 11843 Germaine Terr

City State Zip Code  
Eden Prairie MN 55347

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

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 0 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11Ai-CN35764

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Rose A Perra

Mailing Address 898 Larson Dr

City State Zip Code  
Zumbrota MN 55992

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

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 0 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11Ai-CN35786

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
George Pillsbury

Mailing Address 1300 Bracketts Point Rd

City State Zip Code  
Wayzata MN 55391

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

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 0 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11Ai-CN35604

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

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

FOR LINE NUMBER: PAGE 68 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Terri Johnson Poindexter

Mailing Address 7532 Auto Club Cir

City State Zip Code  
Bloomington MN 55438

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

Name of Employer Occupation  
Amerisource Director Of Managed Care

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 03 / 2010

**Transaction ID:** SA11Ai-CN35735

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David W. Polly, Jr

Mailing Address 7759 Shaugnessy Rd

City State Zip Code  
Edina MN 55439

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

Name of Employer Occupation  
University of Minnesota Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 18 / 2010

**Transaction ID:** SA11Ai-CN35921

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Randy Proto

Mailing Address 33 Singing Oaks Drive

City State Zip Code  
Weston CT 06883

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

Name of Employer Occupation  
AI Holdings Education

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 03 / 2010

**Transaction ID:** SA11Ai-CN35444

Amount of Each Receipt this Period  
500.00

TrnsRef: 25973719 CustRef: 7542357

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1900.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
David Harry Rew

Mailing Address 4757 White Oak Ct

City Eagan State MN Zip Code 55122

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 05 / 18 / 2010  
**Transaction ID:** SA11Ai-CN35862  
 Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kirk T Riedinger

Mailing Address PO Box 6388

City Ketchum State ID Zip Code 83340

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

Name of Employer Alta Colleges Occupation COB

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 04 / 14 / 2010  
**Transaction ID:** SA11Ai-CN35419  
 Amount of Each Receipt this Period 1500.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph Vincent Riordan

Mailing Address 17482 Deerfield Dr SE

City Prior Lake State MN Zip Code 55372

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 26 / 2010  
**Transaction ID:** SA11Ai-CN35623  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Paul Robey

Mailing Address 16449 92nd Ave N

City State Zip Code  
Osseo MN 55311

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

Name of Employer Occupation  
Paul Robey and Assoc Executive Vice President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID:** SA11Ai-CN35704

Amount of Each Receipt this Period  
400.00

600.00

**B.**

Full Name (Last, First, Middle Initial)  
Frank Russomanno

Mailing Address 1351 Chatterton Rd

City State Zip Code  
Eagan MN 55123

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

Name of Employer Occupation  
Imation CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

**Transaction ID:** SA11Ai-CN36106

Amount of Each Receipt this Period  
150.00

250.00

**C.**

Full Name (Last, First, Middle Initial)  
David Sandstrom

Mailing Address PO Box 538

City State Zip Code  
Grand Rapids MN 55744

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

Name of Employer Occupation  
Sandstrom's - Retail & Food Se President & CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID:** SA11Ai-CN35761

Amount of Each Receipt this Period  
500.00

500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

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

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

FOR LINE NUMBER: PAGE 71 / 159

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Marilyn Elizabeth Sandstrom

Mailing Address 1935 Skyline Dr S

City State Zip Code  
Burnsville MN 55337

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: SA11Ai-CN35911

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Albert Henry Schneider

Mailing Address 20610 Lake Ridge Dr

City State Zip Code  
Prior Lake MN 55372

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

Name of Employer Occupation  
Retired Pilot

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11Ai-CN35535

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Linda L Schulenberg

Mailing Address 10710 Swede Lake Rd

City State Zip Code  
Watertown MN 55388

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

Name of Employer Occupation  
Wings & Whistles Dog Training Owners

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 0

Transaction ID: SA11Ai-CN35759

Amount of Each Receipt this Period  
250.00

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

400.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 159

(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)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Linda L Schulenberg

Mailing Address 10710 Swede Lake Rd

City State Zip Code  
Watertown MN 55388

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

Name of Employer  
Wings & Whistles Dog Training

Occupation  
Owners

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 10 / 2010

Transaction ID: SA11Ai-CN35760

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard Michael Schulze

Mailing Address 5113 Schaefer Rd

City State Zip Code  
Edina MN 55436

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

Name of Employer  
Best Buy

Occupation  
CEO/Chairman Of Board

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 03 / 2010

Transaction ID: SA11Ai-CN35960

Amount of Each Receipt this Period

1000.00

**C.**

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

Mailing Address 385 Thornmeadow Rd

City State Zip Code  
Riverwoods IL 60015

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

Name of Employer  
Total Insurance Services Inc.

Occupation  
Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 21 / 2010

Transaction ID: SA11Ai-CN36013

Amount of Each Receipt this Period

250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Alan Spriggs  
Mailing Address 8801 Penn Ave S  
City Minneapolis State MN Zip Code 55431  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: SA11Ai-CN36105  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard G. St. Marie  
Mailing Address 9000 Tenth Ave N  
City Minneapolis State MN Zip Code 55427  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Marie Gopher News Occupation Owner  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2400.00  
Date of Receipt 06 / 03 / 2010  
Transaction ID: SA11Ai-CN35737  
Amount of Each Receipt this Period 1400.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard G. St. Marie  
Mailing Address 9000 Tenth Ave N  
City Minneapolis State MN Zip Code 55427  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Marie Gopher News Occupation Owner  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 3000.00  
Date of Receipt 06 / 03 / 2010  
Transaction ID: SA11Ai-CN35738  
Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
George D. Stacy

Mailing Address 584 Mission Hills Dr.

City State Zip Code  
Chanhassen MN 55317

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
245.00

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2010

**Transaction ID:** SA11Ai-CN35434

Amount of Each Receipt this Period  
25.00

TrnsRef: 25749583 CustRef: 5060727

**B.** Full Name (Last, First, Middle Initial)  
Paul Stannard

Mailing Address 9020 159th Ln

City State Zip Code  
Ramsey MN 55303

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** SA11Ai-CN35754

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Marcel Stowell

Mailing Address 16790 Jalisco Ter W

City State Zip Code  
Lakeville MN 55044

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

Name of Employer Occupation  
US FCU President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2010

**Transaction ID:** SA11Ai-CN35440

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

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

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

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

FOR LINE NUMBER: PAGE 75 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Dean Sundquist

Mailing Address 4315 Oakview Ln N

City State Zip Code  
Minneapolis MN 55442

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

Name of Employer Occupation  
Mate Precision Tooling Business

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2010

**Transaction ID:** SA11Ai-CN35488

Amount of Each Receipt this Period  
1000.00

3400.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven Sutton

Mailing Address 1115 Greenway Rd

City State Zip Code  
Alexandria VA 22308

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

Name of Employer Occupation  
The Leadership Institute Vice President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11Ai-CN35918

Amount of Each Receipt this Period  
1000.00

2000.00

**C.**

Full Name (Last, First, Middle Initial)  
George Thelen

Mailing Address 35380 Bootlake Rd E

City State Zip Code  
Park Rapids MN 56470

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

Name of Employer Occupation  
Thelen Oil Company President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2010

**Transaction ID:** SA11Ai-CN35618

Amount of Each Receipt this Period  
500.00

500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 159  
(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)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
David Earl Thomas

Mailing Address 6345 Virginia Dr

City State Zip Code  
Excelsior MN 55331

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

Name of Employer Occupation  
Timber Ridge Homes President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2010

**Transaction ID:** SA11Ai-CN35350

Amount of Each Receipt this Period  
50.00

TrnsRef: 25130125 CustRef: 7362369

**B.** Full Name (Last, First, Middle Initial)  
David Henry Toombs

Mailing Address 3315 147th St W

City State Zip Code  
Rosemount MN 55068

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

Name of Employer Occupation  
First State Bank of Rosemount Bank President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

**Transaction ID:** SA11Ai-CN35556

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert G Trcka

Mailing Address 2152 Falcon Ave

City State Zip Code  
St. Paul MN 55119

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

Name of Employer Occupation  
Delta Airlines Airline Pilot

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** SA11Ai-CN35763

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

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

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

FOR LINE NUMBER: PAGE 77 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Matthew Vettel

Mailing Address 39 Sunset Road

City State Zip Code  
Weston MA 02493

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

Name of Employer Occupation  
Great Hills Partners Partner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11Ai-CN35421

Amount of Each Receipt this Period  
1000.00

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Julie Wasser

Mailing Address 10820 Myeron Rd N

City State Zip Code  
Stillwater MN 55082

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11Ai-CN35462

Amount of Each Receipt this Period  
100.00

TrnsRef: 26582139 CustRef: 5968511

300.00

**C.** Full Name (Last, First, Middle Initial)  
Renee Weaver-Wright

Mailing Address 6337 Middle Lake Rd

City State Zip Code  
Clarkston MI 48346

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

Name of Employer Occupation  
ATS Project Success Executive

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11Ai-CN35770

Amount of Each Receipt this Period  
50.00

550.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

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

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

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

FOR LINE NUMBER: PAGE 78 / 159

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Vin Weber

Mailing Address 7701 Ridgecrest Dr

City State Zip Code  
Alexandria VA 22308

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

Name of Employer Occupation  
Clark & Weinstock Inc Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: SA11Ai-CN35548

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Randall West

Mailing Address 1 Massachusetts Ave NW  
Suite 880

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
Robison International VP

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11Ai-CN35406

Amount of Each Receipt this Period

2400.00

**C.**

Full Name (Last, First, Middle Initial)  
Frederick Weyerhaeuser

Mailing Address 610 Wentworth Ave

City State Zip Code  
St. Paul MN 55118

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 1 0

Transaction ID: SA11Ai-CN35583

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4400.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 79 / 159

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Christine Whitlow

Mailing Address 4 Matio Cove

City State Zip Code  
Stafford VA 22554

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11Ai-CN35942

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Benson Whitney

Mailing Address 2767 South Itasca Avenue

City State Zip Code  
Saint Marys Point MN 55043

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

Name of Employer Occupation  
Gideon Hixon Ventures Managing GP

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11Ai-CN36094

Amount of Each Receipt this Period

2400.00

**C.**

Full Name (Last, First, Middle Initial)  
Mary Whitney

Mailing Address 2767 South Itasca Avenue

City State Zip Code  
Saint Marys Point MN 55043

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11Ai-CN36095

Amount of Each Receipt this Period

2400.00

**SUBTOTAL** of Receipts This Page (optional) .....

5050.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 80 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Harold Wilson  
Mailing Address 7525 Cahill Rd  
City Minneapolis State MN Zip Code 55439  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SICO Inc. Occupation Chairman/Business Executive  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: SA11Ai-CN36109  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
James Wilson  
Mailing Address 220 Wexford Heights Dr  
City St. Paul State MN Zip Code 55112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Labor All Occupation President  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00  
Date of Receipt 05 / 20 / 2010  
Transaction ID: SA11Ai-CN35591  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Linda Diane Wiplinger  
Mailing Address 9100 River Rd  
City Inver Grove Height State MN Zip Code 55076  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Homemaker  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00  
Date of Receipt 06 / 21 / 2010  
Transaction ID: SA11Ai-CN36002  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 650.00  
**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 159  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
Michael Wisniewski

Mailing Address 5138 Pheasant Woods Dr

City Lutz State FL Zip Code 33558

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

Name of Employer National Aviation Academy Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 04 / 29 / 2010  
**Transaction ID:** SA11Ai-CN35437  
 Amount of Each Receipt this Period: 2400.00

**B.** Full Name (Last, First, Middle Initial)  
Opal Bollenbach Wolf

Mailing Address 817 Main St

City Nerstrand State MN Zip Code 55053

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

Name of Employer Retired Occupation High School Teacher

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 525.00

Date of Receipt: 05 / 18 / 2010  
**Transaction ID:** SA11Ai-CN35850  
 Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
John Wren

Mailing Address 2261 Northridge Ave Cir

City Stillwater State MN Zip Code 55082

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

Name of Employer Lakeville Motor Express Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3400.00

Date of Receipt: 06 / 10 / 2010  
**Transaction ID:** SA11Ai-CN35747  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

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

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

FOR LINE NUMBER: PAGE 82 / 159  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kline for Congress

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Craig Wylie          |                                    | Date of Receipt<br>MM / DD / YYYY<br>05 / 26 / 2010 |  |  |
|   | Mailing Address 13739 Lincoln St NE                             |                                    | <b>Transaction ID:</b> SA11Ai-CN35689               |  |  |
|   | City<br>Andover   | State<br>MN                        | Zip Code<br>55304                                   | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Wolf Creek Elk Ranch                        |                                    | Occupation<br>Management                            |  |  |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼<br>750.00 |   |  |  |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 500.00    |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 117275.00 |

# 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)  
Kline for Congress

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Klein Bank<br><br>Mailing Address 3000 Cty Rd 42 W<br><br>City Burnsville State MN Zip Code 55337<br><br>Purpose of Disbursement Bank Service Charge<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: SB17-EX5226<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 1 0<br><br>Amount of Each Disbursement this Period<br>14.00<br><br>Bank Service Charge  |
| B. | Full Name (Last, First, Middle Initial)<br>Klein Bank<br><br>Mailing Address 3000 Cty Rd 42 W<br><br>City Burnsville State MN Zip Code 55337<br><br>Purpose of Disbursement Bank Service Charge<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: SB17-EX5227<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 8 / 2 0 1 0<br><br>Amount of Each Disbursement this Period<br>15.00<br><br>Bank Service Charge  |
| C. | Full Name (Last, First, Middle Initial)<br>FEC Financial Inc.<br><br>Mailing Address PO Box 651374<br><br>City Potomac Falls State VA Zip Code 20165<br><br>Purpose of Disbursement PAYMENT: SEE BELOW<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5036<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 1 0<br><br>Amount of Each Disbursement this Period<br>1484.84<br><br>PAYMENT: SEE BELOW |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1513.84     |
| <b>TOTAL</b> 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)  
Kline for Congress

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>FEC Financial Inc.<br><hr/> Mailing Address PO Box 651374<br><hr/> City Potomac Falls State VA Zip Code 20165<br><hr/> Purpose of Disbursement Accounting Services<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5034<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 1 0 |
|  | Amount of Each Disbursement this Period<br>1400.00  |
|  | [MEMO ITEM]   |
|  | Category/Type<br>001  |

|  |   |
|--|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>FEC Financial Inc.<br><hr/> Mailing Address PO Box 651374<br><hr/> City Potomac Falls State VA Zip Code 20165<br><hr/> Purpose of Disbursement Postage Reimbursement<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5035<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 1 0 |
|  | Amount of Each Disbursement this Period<br>84.84  |
|  | [MEMO ITEM]   |
|  | Category/Type<br>001  |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>FEC Financial Inc.<br><hr/> Mailing Address PO Box 651374<br><hr/> City Potomac Falls State VA Zip Code 20165<br><hr/> Purpose of Disbursement PAYMENT: SEE BELOW<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5096<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 4 / 2 0 1 0 |
|   | Amount of Each Disbursement this Period<br>1015.84  |
|   | PAYMENT: SEE BELOW  |
|   | Category/Type<br>001  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1015.84 |
| <b>TOTAL</b> 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)  
Kline for Congress

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>FEC Financial Inc.  | Transaction ID: SB17-EX5097<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address PO Box 651374  | <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>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 4 |  | 2 | 0 | 1 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 5  |  | 1       | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Potomac Falls State VA Zip Code 20165   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Accounting Services<br>Candidate Name  | <table border="1"><tr><td>1000.00</td></tr></table>  | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1000.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                 | [MEMO ITEM]  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.    | Full Name (Last, First, Middle Initial)<br>FEC Financial Inc.  | Transaction ID: SB17-EX5098<br>Date of Disbursement  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address PO Box 651374  | <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>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 4 |  | 2 | 0 | 1 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 5  |  | 1     | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City Potomac Falls State VA Zip Code 20165   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement Postage Reimbursement<br>Candidate Name  | <table border="1"><tr><td>15.84</td></tr></table>  | 15.84 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 15.84 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                 | [MEMO ITEM]  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>FEC Financial Inc.  | Transaction ID: SB17-EX5187<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address PO Box 651374  | <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>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 2 | 5 |  | 2 | 0 | 1 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 6  |  | 2       | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Potomac Falls State VA Zip Code 20165   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement PAYMENT: SEE BELOW<br>Candidate Name   | <table border="1"><tr><td>1050.07</td></tr></table>  | 1050.07 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1050.07 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                 | PAYMENT: SEE BELOW   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>1050.07</td></tr></table> | 1050.07 |
| 1050.07  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

# 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)  
Kline for Congress

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>FEC Financial Inc.</p> <p>Mailing Address PO Box 651374</p> <p>City Potomac Falls State VA Zip Code 20165</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                | <p><b>Transaction ID:</b> SB17-EX5188</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>FEC Financial Inc.</p> <p>Mailing Address PO Box 651374</p> <p>City Potomac Falls State VA Zip Code 20165</p> <p>Purpose of Disbursement Postage Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>              | <p><b>Transaction ID:</b> SB17-EX5189</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.07"/></p> <p><b>[MEMO ITEM]</b></p>   |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Allegra Print &amp; Imaging</p> <p>Mailing Address 1800 East Cliff Rd Suite 16</p> <p>City Burnsville State MN Zip Code 55337</p> <p>Purpose of Disbursement Printing Proof</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> SB17-EX5068</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.74"/></p> <p>Printing Proof</p>       |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="23.74"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text" value=""/></p>      |

# 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)  
Kline for Congress

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Allied Insurance<br>Mailing Address PO Box 1407<br>City Burnsville State MN Zip Code 55337<br>Purpose of Disbursement Liability Insurance<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: SB17-EX5019<br>Date of Disbursement<br>04 / 20 / 2010<br>Amount of Each Disbursement this Period<br>600.65<br>Liability Insurance |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>At&t Wireless/cingular<br>Mailing Address PO Box 8220<br>City Aurora State IL Zip Code 60572<br>Purpose of Disbursement Cell Phone Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX4986<br>Date of Disbursement<br>04 / 01 / 2010<br>Amount of Each Disbursement this Period<br>101.48<br>Cell Phone Expense  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>At&t Wireless/cingular<br>Mailing Address PO Box 8220<br>City Aurora State IL Zip Code 60572<br>Purpose of Disbursement Telephone Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: SB17-EX5077<br>Date of Disbursement<br>05 / 01 / 2010<br>Amount of Each Disbursement this Period<br>89.73<br>Telephone Expense    |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>791.86</b> |
| <b>TOTAL</b> 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)  
Kline for Congress

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>At&t Wireless/cingular<br><br>Mailing Address PO Box 8220<br><br>City Aurora State IL Zip Code 60572<br><br>Purpose of Disbursement Telephone Expense<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                             | Transaction ID: SB17-EX5100<br>Date of Disbursement<br>05 / 25 / 2010<br><br>Amount of Each Disbursement this Period<br>90.15<br><br>Telephone Expense               |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>At&t Wireless/cingular<br><br>Mailing Address PO Box 8220<br><br>City Aurora State IL Zip Code 60572<br><br>Purpose of Disbursement Telephone Expense<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                             | Transaction ID: SB17-EX5134<br>Date of Disbursement<br>06 / 28 / 2010<br><br>Amount of Each Disbursement this Period<br>232.36<br><br>Telephone Expense              |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Berkley Risk Administrators Co.<br><br>Mailing Address PO Box 59143<br><br>City Minneapolis State MN Zip Code 55416<br><br>Purpose of Disbursement Workers Compensation Insurance<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5000<br>Date of Disbursement<br>04 / 15 / 2010<br><br>Amount of Each Disbursement this Period<br>114.00<br><br>Workers Compensation Insurance |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>436.51</b> |
| <b>TOTAL</b> 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)  
Kline for Congress

|         |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|---------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| A.      | Full Name (Last, First, Middle Initial)<br>Katherine Bueche<br><br>Mailing Address 741 Evergreen Knolls<br><br>City Mendota Heights State MN Zip Code 55118<br><br>Purpose of Disbursement Video Production<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | Transaction ID: SB17-EX4988<br>Date of Disbursement<br><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>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table><br><br>Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>500.00</td> </tr> </table><br><br>Video Production | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 0 | 1 |  | 2 | 0 | 1 | 0 | 500.00  |
| M       | M  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0       | 4  |   | 0 | 1 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 500.00  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| B.      | Full Name (Last, First, Middle Initial)<br>Burnsville Parkway Partnership<br><br>Mailing Address 101 W. Burnsville Parkway<br><br>City Burnsville State MN Zip Code 55337<br><br>Purpose of Disbursement Office Rent<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX4985<br>Date of Disbursement<br><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>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table><br><br>Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>2227.50</td> </tr> </table><br><br>Office Rent     | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 0 | 1 |  | 2 | 0 | 1 | 0 | 2227.50 |
| M       | M  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0       | 4  |   | 0 | 1 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 2227.50 |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| C.      | Full Name (Last, First, Middle Initial)<br>Burnsville Parkway Partnership<br><br>Mailing Address 101 W. Burnsville Parkway<br><br>City Burnsville State MN Zip Code 55337<br><br>Purpose of Disbursement Office Rent<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5076<br>Date of Disbursement<br><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>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table><br><br>Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>2227.50</td> </tr> </table><br><br>Office Rent     | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 0 | 1 |  | 2 | 0 | 1 | 0 | 2227.50 |
| M       | M  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0       | 5  |   | 0 | 1 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 2227.50 |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

4955.00

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)

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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)  
Kline for Congress

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Burnsville Parkway Partnership<br><br>Mailing Address 101 W. Burnsville Parkway<br><br>City Burnsville State MN Zip Code 55337<br><br>Purpose of Disbursement Office Rent<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5101<br>Date of Disbursement<br>06 / 01 / 2010<br><br>Amount of Each Disbursement this Period<br>2227.50<br><br>Office Rent           |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Elko Speedway<br><br>Mailing Address PO Box 246<br><br>City Elko State MN Zip Code 55020<br><br>Purpose of Disbursement Billboard advertising<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                             | Transaction ID: SB17-EX5001<br>Date of Disbursement<br>04 / 15 / 2010<br><br>Amount of Each Disbursement this Period<br>4000.00<br><br>Billboard advertising |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Faribault Heritage Celebration<br><br>Mailing Address PO Box 434<br><br>City Faribault State MN Zip Code 55021<br><br>Purpose of Disbursement Parade Registration<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: SB17-EX5064<br>Date of Disbursement<br>04 / 15 / 2010<br><br>Amount of Each Disbursement this Period<br>250.00<br><br>Parade Registration    |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6477.50 |
| <b>TOTAL</b> 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)  
Kline for Congress

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Leticia Harnung<br><br>Mailing Address 1117 Atwood Ct<br><br>City Shakopee State MN Zip Code 55379<br><br>Purpose of Disbursement Mileage Reimbursement<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX4997<br>Date of Disbursement<br>04 / 01 / 2010<br><br>Amount of Each Disbursement this Period<br>225.51<br><br>Mileage Reimbursement |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Leticia Harnung<br><br>Mailing Address 1117 Atwood Ct<br><br>City Shakopee State MN Zip Code 55379<br><br>Purpose of Disbursement Mileage Reimbursement<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5015<br>Date of Disbursement<br>04 / 15 / 2010<br><br>Amount of Each Disbursement this Period<br>54.08<br><br>Mileage Reimbursement  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Leticia Harnung<br><br>Mailing Address 1117 Atwood Ct<br><br>City Shakopee State MN Zip Code 55379<br><br>Purpose of Disbursement Mileage Reimbursement<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5075<br>Date of Disbursement<br>05 / 01 / 2010<br><br>Amount of Each Disbursement this Period<br>57.05<br><br>Mileage Reimbursement  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**336.64**

**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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Leticia Harnung

Mailing Address 1117 Atwood Ct

City State Zip Code  
Shakopee MN 55379

Purpose of Disbursement  
Mileage Reimbursement  
Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5114  
Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

39.94

Mileage Reimbursement

B.

Full Name (Last, First, Middle Initial)  
Leticia Harnung

Mailing Address 1117 Atwood Ct

City State Zip Code  
Shakopee MN 55379

Purpose of Disbursement  
Mileage Reimbursement  
Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5186  
Date of Disbursement

06 / 25 / 2010

Amount of Each Disbursement this Period

46.00

Mileage Reimbursement

C.

Full Name (Last, First, Middle Initial)  
John Kline

Mailing Address 10085 170th St

City State Zip Code  
Lakeville MN 55044

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5018  
Date of Disbursement

04 / 15 / 2010

Amount of Each Disbursement this Period

69.12

REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

155.06

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)  
Kline for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Capitol Hill Club   | Transaction ID: SB17-EX5017<br>Date of Disbursement<br>04 / 15 / 2010  |
|    | Mailing Address 300 First St. SE   | Amount of Each Disbursement this Period<br>69.12   |
|    | City Washington State DC Zip Code 20003  |  |
|    | Purpose of Disbursement Food and Beverage<br>Candidate Name  | 001<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Lakeville Pan O Prog  | Transaction ID: SB17-EX4998<br>Date of Disbursement<br>04 / 01 / 2010  |
|    | Mailing Address PO Box 105   | Amount of Each Disbursement this Period<br>300.00  |
|    | City Lakeville State MN Zip Code 55044   |  |
|    | Purpose of Disbursement Parade Registration<br>Candidate Name  | 007<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

Parade Registration

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>MCI Worldcom  | Transaction ID: SB17-EX4989<br>Date of Disbursement<br>04 / 01 / 2010  |
|    | Mailing Address PO Box 85053   | Amount of Each Disbursement this Period<br>40.87   |
|    | City Louisville State KY Zip Code 40285  |  |
|    | Purpose of Disbursement Long Distance Telephone<br>Candidate Name  | 001<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

Long Distance Telephone

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>340.87</b> |
| <b>TOTAL</b> 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)  
Kline for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>MCI Worldcom  | Transaction ID: SB17-EX5079  |
|    | Mailing Address PO Box 85053   | Date of Disbursement<br>05 / 01 / 2010   |
|    | City Louisville State KY Zip Code 40285  | Amount of Each Disbursement this Period<br>41.81   |
|    | Purpose of Disbursement Long Distance Telephone<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Long Distance Telephone  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>MCI Worldcom  | Transaction ID: SB17-EX5103  |
|    | Mailing Address PO Box 85053   | Date of Disbursement<br>05 / 25 / 2010   |
|    | City Louisville State KY Zip Code 40285  | Amount of Each Disbursement this Period<br>41.16   |
|    | Purpose of Disbursement Long Distance Telephone<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Long Distance Telephone  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Mn Police & Peace Officers Association  | Transaction ID: SB17-EX5037  |
|    | Mailing Address 327 York Ave   | Date of Disbursement<br>04 / 20 / 2010   |
|    | City Bird Island State MN Zip Code 55310   | Amount of Each Disbursement this Period<br>270.00  |
|    | Purpose of Disbursement Publication Advertising<br>Candidate Name  | 004<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Publication Advertising  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>352.97</b> |
| <b>TOTAL</b> 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)  
Kline for Congress

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Maggie Osskopp</p> <p>Mailing Address 17385 Halifax Path</p> <p>City Lakeville State MN Zip Code 55044</p> <p>Purpose of Disbursement Administrative Consulting<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5003<br/><b>Date of Disbursement:</b> 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>001<br/>Category/Type</p> <p>Administrative Consulting</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Pinnacle Direct</p> <p>Mailing Address 15260 113th Street North</p> <p>City Stillwater State MN Zip Code 55082</p> <p>Purpose of Disbursement Direct Mail<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> SB17-EX5080<br/><b>Date of Disbursement:</b> 05 / 10 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1107.16</p> <p>003<br/>Category/Type</p> <p>Direct Mail</p>               |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Pinnacle Direct</p> <p>Mailing Address 15260 113th Street North</p> <p>City Stillwater State MN Zip Code 55082</p> <p>Purpose of Disbursement Direct Mail<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> SB17-EX5106<br/><b>Date of Disbursement:</b> 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2203.68</p> <p>003<br/>Category/Type</p> <p>Direct Mail</p>               |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5310.84

**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)  
Kline for Congress

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Public Opinion Strategies<br><br>Mailing Address 214 North Fayette St<br><br>City Alexandria State VA Zip Code 22314<br><br>Purpose of Disbursement<br>Polling Survey<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:                       | Transaction ID: SB17-EX5104<br>Date of Disbursement<br>05 / 25 / 2010<br><br>Amount of Each Disbursement this Period<br>16000.00<br><br>005<br>Category/<br>Type<br><br>Polling Survey     |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Secretary of State<br><br>Mailing Address 180 State Office Building<br>100 Constitution<br><br>City St. Paul State MN Zip Code 55155<br><br>Purpose of Disbursement<br>Candidate Filing Fee<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: SB17-EX5073<br>Date of Disbursement<br>05 / 18 / 2010<br><br>Amount of Each Disbursement this Period<br>300.00<br><br>001<br>Category/<br>Type<br><br>Candidate Filing Fee |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Wachovia Bank NA<br><br>Mailing Address PO Box 563966<br><br>City Charlotte State NC Zip Code 28262<br><br>Purpose of Disbursement<br>Bank Service Charge<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:                                   | Transaction ID: SB17-EX5233<br>Date of Disbursement<br>06 / 30 / 2010<br><br>Amount of Each Disbursement this Period<br>73.00<br><br>001<br>Category/<br>Type<br><br>Bank Service Charge   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 16373.00 |
| <b>TOTAL</b> 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)  
Kline for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Integra Telecom   | Transaction ID: SB17-EX5078  |
|    | Mailing Address PO Box 2966  | Date of Disbursement<br>05 / 01 / 2010   |
|    | City Milwaukee State WI Zip Code 53201   | Amount of Each Disbursement this Period<br>212.69  |
|    | Purpose of Disbursement DSL Service<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | DSL Service  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Integra Telecom   | Transaction ID: SB17-EX5088  |
|    | Mailing Address PO Box 2966  | Date of Disbursement<br>06 / 11 / 2010   |
|    | City Milwaukee State WI Zip Code 53201   | Amount of Each Disbursement this Period<br>212.69  |
|    | Purpose of Disbursement DSL Service<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | DSL Service  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Integra Telecom   | Transaction ID: SB17-EX5135  |
|    | Mailing Address PO Box 2966  | Date of Disbursement<br>06 / 28 / 2010   |
|    | City Milwaukee State WI Zip Code 53201   | Amount of Each Disbursement this Period<br>319.18  |
|    | Purpose of Disbursement DSL Service<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | DSL Service  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>744.56</b> |
| <b>TOTAL</b> 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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Visa Klein Bank

Transaction ID: SB17-EX5058  
Date of Disbursement

Mailing Address PO Box 790408

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 1 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Saint Louis MO 63179

Amount of Each Disbursement this Period

|         |
|---------|
| 3466.35 |
|---------|

Purpose of Disbursement  
Credit Card Paid by Visa Klein Bank

|     |
|-----|
| 001 |
|-----|

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Credit Card Paid by Visa Klein Bank

State: District:

B.

Full Name (Last, First, Middle Initial)  
At&t Wireless/cingular

Transaction ID: SB17-EX5045  
Date of Disbursement

Mailing Address PO Box 8220

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 1 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Aurora IL 60572

Amount of Each Disbursement this Period

|        |
|--------|
| 321.36 |
|--------|

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses

|     |
|-----|
| 001 |
|-----|

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]  
Telephone Equipment

State: District:

C.

Full Name (Last, First, Middle Initial)  
Office Max

Transaction ID: SB17-EX5048  
Date of Disbursement

Mailing Address 14121 Aldrich St

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 1 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Burnsville MN 55337

Amount of Each Disbursement this Period

|        |
|--------|
| 360.57 |
|--------|

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses

|     |
|-----|
| 001 |
|-----|

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]  
Calculators Toner Paper

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

|         |
|---------|
| 3466.35 |
|---------|

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

|  |
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|--|

# 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)  
Kline for Congress

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Dollar Tree Stores</p> <p>Mailing Address 14101 Aldrich Ave. S</p> <p>City Burnsville State MN Zip Code 55337</p> <p>Purpose of Disbursement Campaign Event Expenses<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                              | <p><b>Transaction ID:</b> SB17-EX5049<br/><b>Date of Disbursement</b><br/>04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period<br/>11.78</p> <p><b>[MEMO ITEM]</b><br/>Table Cloths</p>      |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Lakeville Liquor Store</p> <p>Mailing Address County Rd 46 &amp; Kennrick Ave.</p> <p>City Lakeville State MN Zip Code 55044</p> <p>Purpose of Disbursement Solicitation and Fundraising Expenses<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5053<br/><b>Date of Disbursement</b><br/>04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period<br/>28.59</p> <p><b>[MEMO ITEM]</b><br/>Food and Beverage</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Acme Electronics</p> <p>Mailing Address 6020 Olson Memorial Hwy</p> <p>City Golden Valley State MN Zip Code 55422</p> <p>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> SB17-EX5055<br/><b>Date of Disbursement</b><br/>04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period<br/>64.80</p> <p><b>[MEMO ITEM]</b><br/>Computer Repair</p>   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**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)

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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  |

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)  
Kline for Congress

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Twin City Grill<br><hr/> Mailing Address North Garden Ave. N-130<br><hr/> City Bloomington State MN Zip Code 55425<br>Purpose of Disbursement Sollicitation and Fundraising Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: SB17-EX5046<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 1 0 |
|  | Amount of Each Disbursement this Period<br>69.01  |
|  | [MEMO ITEM]<br>Food and Beverage  |
|  | Category/Type<br>003  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Dell Business On-line<br><hr/> Mailing Address 1 Dell Way<br><hr/> City Round Rock State TX Zip Code 78682<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:        | Transaction ID: SB17-EX5056<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 1 0 |
|  | Amount of Each Disbursement this Period<br>207.80   |
|  | [MEMO ITEM]<br>Computer Equipment   |
|  | Category/Type<br>001  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Mozy.com<br><hr/> Mailing Address 2211 Elliot Ave. Suite 300<br><hr/> City Seattle State WA Zip Code 98121<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:        | Transaction ID: SB17-EX5050<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 1 0 |
|  | Amount of Each Disbursement this Period<br>8.95   |
|  | [MEMO ITEM]<br>Computer Backup  |
|  | Category/Type<br>001  |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> 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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Holiday Station Store

Mailing Address 15066 Chippendale Ave W

City Rosemount State MN Zip Code 55068

Purpose of Disbursement

Travel Expenses

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5057  
Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

56.50

[MEMO ITEM]  
Fuel Expense

B.

Full Name (Last, First, Middle Initial)  
Best Buy

Mailing Address 12600 W Frontage Rd

City Burnsville State MN Zip Code 55337

Purpose of Disbursement

Administrative/Salary/Overhead Expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5054  
Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

130.33

[MEMO ITEM]  
Computer Software

C.

Full Name (Last, First, Middle Initial)  
Cub Foods

Mailing Address 3784 150th St W

City Rosemount State MN Zip Code 55068

Purpose of Disbursement

Administrative/Salary/Overhead Expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5047  
Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

1820.15

[MEMO ITEM]  
Postage

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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)  
Kline for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Red Lion Liquors  | Transaction ID: SB17-EX5051<br>Date of Disbursement<br>04 / 01 / 2010  |
|    | Mailing Address 12400 Nicollet Ave   | Amount of Each Disbursement this Period<br>117.63  |
|    | City Burnsville State MN Zip Code 55337  |  |
|    | Purpose of Disbursement Campaign Event Expenses<br>Candidate Name  | 007<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Food and Beverage  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Kowalski's Market   | Transaction ID: SB17-EX5052<br>Date of Disbursement<br>04 / 01 / 2010  |
|    | Mailing Address 7590 160th St W  | Amount of Each Disbursement this Period<br>268.88  |
|    | City Lakeville State MN Zip Code 55044   |  |
|    | Purpose of Disbursement Solicitation and Fundraising Expenses<br>Candidate Name  | 003<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Food and Beverage  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Visa Klein Bank   | Transaction ID: SB17-EX5033<br>Date of Disbursement<br>04 / 20 / 2010  |
|    | Mailing Address PO Box 790408  | Amount of Each Disbursement this Period<br>1751.98   |
|    | City Saint Louis State MO Zip Code 63179   |  |
|    | Purpose of Disbursement Credit Card Paid by Visa Klein Bank<br>Candidate Name  | 001<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Credit Card Paid by Visa<br>Klein Bank   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1751.98 |
| <b>TOTAL</b> 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)  
Kline for Congress

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>National Republican Congressional Committee<br><hr/> Mailing Address 320 First St. SE<br><hr/> City Washington State DC Zip Code 20003<br><hr/> Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5020<br>Date of Disbursement<br>04 / 20 / 2010<br><hr/> Amount of Each Disbursement this Period<br>100.00<br><hr/> <b>[MEMO ITEM]</b><br>Conference Registration |
| B. | Full Name (Last, First, Middle Initial)<br>Fogo De Chao Restaurant<br><hr/> Mailing Address 1101 Pennsylvania Ave SE<br><hr/> City Washington State DC Zip Code 20003<br><hr/> Purpose of Disbursement Solicitation and Fundraising Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               | Transaction ID: SB17-EX5021<br>Date of Disbursement<br>04 / 20 / 2010<br><hr/> Amount of Each Disbursement this Period<br>526.43<br><hr/> <b>[MEMO ITEM]</b><br>Food and Beverage       |
| C. | Full Name (Last, First, Middle Initial)<br>United Parcel Service<br><hr/> Mailing Address 55 Glenlake Parkway NE<br><hr/> City Sandy Springs State GA Zip Code 30328<br><hr/> Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: SB17-EX5026<br>Date of Disbursement<br>04 / 20 / 2010<br><hr/> Amount of Each Disbursement this Period<br>61.77<br><hr/> <b>[MEMO ITEM]</b><br>Shipping Expense         |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**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)  
Kline for Congress

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Office Max<br><br>Mailing Address 14121 Aldrich St<br><br>City Burnsville State MN Zip Code 55337<br><br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5023<br>Date of Disbursement<br>04 / 20 / 2010<br><br>Amount of Each Disbursement this Period<br>250.37<br><br><b>[MEMO ITEM]</b><br>Toner Labels Glue |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Dollar Tree Stores<br><br>Mailing Address 14101 Aldrich Ave. S<br><br>City Burnsville State MN Zip Code 55337<br><br>Purpose of Disbursement Campaign Event Expenses<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | Transaction ID: SB17-EX5029<br>Date of Disbursement<br>04 / 20 / 2010<br><br>Amount of Each Disbursement this Period<br>13.93<br><br><b>[MEMO ITEM]</b><br>Event Decorations  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Bp Gas Station<br><br>Mailing Address 501 W Burnsville Pkwy<br><br>City Burnsville State MN Zip Code 55337<br><br>Purpose of Disbursement Travel Expenses<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                | Transaction ID: SB17-EX5031<br>Date of Disbursement<br>04 / 20 / 2010<br><br>Amount of Each Disbursement this Period<br>44.27<br><br><b>[MEMO ITEM]</b><br>Fuel Expense       |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> 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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Fire Lake Restaurant

Mailing Address 31 South 7th St

City State Zip Code  
Minneapolis MN 55402

Purpose of Disbursement  
Solicitation and Fundraising Expenses  
Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5022  
Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

298.31

[MEMO ITEM]  
Food and Beverage

B.

Full Name (Last, First, Middle Initial)  
Acme Electronics

Mailing Address 6020 Olson Memorial Hwy

City State Zip Code  
Golden Valley MN 55422

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5025  
Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

89.24

[MEMO ITEM]  
Computer Repair

C.

Full Name (Last, First, Middle Initial)  
Party City

Mailing Address 7365 153rd St

City State Zip Code  
Apple Valley MN 55124

Purpose of Disbursement  
Campaign Event Expenses  
Candidate Name

007  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5027  
Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

25.91

[MEMO ITEM]  
Paper Cups

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Visa Klein Bank

Mailing Address PO Box 790408

City State Zip Code  
Saint Louis MO 63179

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5032  
Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

88.37

[MEMO ITEM]  
Service Charge

B.

Full Name (Last, First, Middle Initial)  
Mozy.com

Mailing Address 2211 Elliot Ave. Suite 300

City State Zip Code  
Seattle WA 98121

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5024  
Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

8.95

[MEMO ITEM]  
Computer Backup

C.

Full Name (Last, First, Middle Initial)  
Target Department Store

Mailing Address 777 Nicollet Mall

City State Zip Code  
Minneapolis MN 55402

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5028  
Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]  
Volunteer Snacks

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Cub Foods

Mailing Address 3784 150th St W

City Rosemount State MN Zip Code 55068

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5030  
Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

174.43

[MEMO ITEM]  
Postage

B.

Full Name (Last, First, Middle Initial)  
Visa Klein Bank

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE BELOW  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5147  
Date of Disbursement

06 / 08 / 2010

Amount of Each Disbursement this Period

3505.56

CREDIT CARD PAYMENT: SEE BELOW

C.

Full Name (Last, First, Middle Initial)  
GoDaddy.com

Mailing Address 14455 North Hayden Rd

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5143  
Date of Disbursement

06 / 08 / 2010

Amount of Each Disbursement this Period

21.74

[MEMO ITEM]  
Domain registration

SUBTOTAL of Disbursements This Page (optional) .....

3505.56

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)

PAGE 108 / 159

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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  |

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)  
Kline for Congress

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Chipotle</p> <p>Mailing Address 1401 Wynkoop St</p> <p>City Denver State CO Zip Code 80202</p> <p>Purpose of Disbursement Administrative/Salary/Overhead Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> SB17-EX5144</p> <p>Date of Disbursement<br/>06 / 08 / 2010</p> <p>Amount of Each Disbursement this Period<br/>10.58</p> <p><b>[MEMO ITEM]</b><br/>Food and Beverage</p>          |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>H Street Country Club</p> <p>Mailing Address 1335 H St NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Solicitation and Fundraising Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5137</p> <p>Date of Disbursement<br/>06 / 08 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1488.96</p> <p><b>[MEMO ITEM]</b><br/>Facility Rental and Food</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Federal Express</p> <p>Mailing Address PO Box 94515</p> <p>City Palatine State IL Zip Code 60094</p> <p>Purpose of Disbursement Administrative/Salary/Overhead Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> SB17-EX5145</p> <p>Date of Disbursement<br/>06 / 08 / 2010</p> <p>Amount of Each Disbursement this Period<br/>131.77</p> <p><b>[MEMO ITEM]</b><br/>Shipping Expense</p>          |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Parkway Grill

Mailing Address 251 W Burnsville Parkway

City Burnsville State MN Zip Code 55337

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5138  
Date of Disbursement

06 / 08 / 2010

Amount of Each Disbursement this Period

41.45

[MEMO ITEM]  
Food and Beverage

B.

Full Name (Last, First, Middle Initial)  
Postmaster - Burnsville

Mailing Address 13800 Nicollet Blvd.

City Burnsville State MN Zip Code 55337

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5141  
Date of Disbursement

06 / 08 / 2010

Amount of Each Disbursement this Period

476.00

[MEMO ITEM]  
Postage

C.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 14121 Aldrich St

City Burnsville State MN Zip Code 55337

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5142  
Date of Disbursement

06 / 08 / 2010

Amount of Each Disbursement this Period

779.11

[MEMO ITEM]  
Computer Equipment

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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)  
Kline for Congress

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Crystal Lake Golf Club<br><br>Mailing Address 16725 Innsbrook Dr<br><br>City Lakeville State MN Zip Code 55044<br><br>Purpose of Disbursement Solitication and Fundraising Expenses<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5140<br>Date of Disbursement<br>06 / 08 / 2010<br><br>Amount of Each Disbursement this Period<br>100.00<br><br><b>[MEMO ITEM]</b><br>Food and Beverage |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>MN Orchestra<br><br>Mailing Address 1111 Nicollet Ave<br><br>City Minneapolis State MN Zip Code 55403<br><br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: SB17-EX5146<br>Date of Disbursement<br>06 / 08 / 2010<br><br>Amount of Each Disbursement this Period<br>4.00<br><br><b>[MEMO ITEM]</b><br>Beverages           |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mozy.com<br><br>Mailing Address 2211 Elliot Ave. Suite 300<br><br>City Seattle State WA Zip Code 98121<br><br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Transaction ID: SB17-EX5139<br>Date of Disbursement<br>06 / 08 / 2010<br><br>Amount of Each Disbursement this Period<br>8.95<br><br><b>[MEMO ITEM]</b><br>Computer Backup     |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 0.00 |

**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)  
Kline for Congress

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Cub Foods   | Transaction ID: SB17-EX5136                       |
|    | Mailing Address 3784 150th St W  | Date of Disbursement<br>06 / 08 / 2010            |
|    | City Rosemount State MN Zip Code 55068   | Amount of Each Disbursement this Period<br>443.00 |
|    | Purpose of Disbursement<br>Administrative/Salary/Overhead Expenses   | [MEMO ITEM]<br>Postage                            |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                               |   |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: District:   |   |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Visa Klein Bank   | Transaction ID: SB17-EX5133                        |
|    | Mailing Address PO Box 790408  | Date of Disbursement<br>06 / 18 / 2010             |
|    | City Saint Louis State MO Zip Code 63179   | Amount of Each Disbursement this Period<br>3340.59 |
|    | Purpose of Disbursement<br>CREDIT CARD PAYMENT: SEE BELOW  | CREDIT CARD PAYMENT: SEE BELOW                     |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                               |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Dunkin Donuts   | Transaction ID: SB17-EX5115                      |
|    | Mailing Address 2750 14th Street NW  | Date of Disbursement<br>06 / 18 / 2010           |
|    | City Washington State DC Zip Code 20009  | Amount of Each Disbursement this Period<br>46.04 |
|    | Purpose of Disbursement<br>Administrative/Salary/Overhead Expenses   | [MEMO ITEM]<br>Food and Beverage                 |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                               |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3340.59</b> |
| <b>TOTAL</b> 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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Schneider's Of Capitol Hill

Mailing Address 300 Massachusetts Ave NE

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Solicitation and Fundraising Expenses

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5119  
Date of Disbursement

06 / 18 / 2010

Amount of Each Disbursement this Period

222.29

[MEMO ITEM]  
Beverage Service

B.

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Mailing Address 300 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Solicitation and Fundraising Expenses

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5116  
Date of Disbursement

06 / 18 / 2010

Amount of Each Disbursement this Period

343.02

[MEMO ITEM]  
Food and Beverage

C.

Full Name (Last, First, Middle Initial)  
Postmaster - Burnsville

Mailing Address 13800 Nicollet Blvd.

City Burnsville State MN Zip Code 55337

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5120  
Date of Disbursement

06 / 18 / 2010

Amount of Each Disbursement this Period

440.00

[MEMO ITEM]  
Postage

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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)  
Kline for Congress

|           |  |  |                          |
|-----------|--|--|--------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Office Max<br>Mailing Address 14121 Aldrich St<br>City Burnsville State MN Zip Code 55337<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | Transaction ID: SB17-EX5121<br>Date of Disbursement<br>06 / 18 / 2010<br>Amount of Each Disbursement this Period<br>48.17<br>[MEMO ITEM]<br>Index Cards                | 001<br>Category/<br>Type |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Davanni's Pizza<br>Mailing Address 14639 CR 11<br>City Burnsville State MN Zip Code 55337<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | Transaction ID: SB17-EX5128<br>Date of Disbursement<br>06 / 18 / 2010<br>Amount of Each Disbursement this Period<br>25.75<br>[MEMO ITEM]<br>Food and Beverage          | 001<br>Category/<br>Type |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Crystal Lake Golf Club<br>Mailing Address 16725 Innsbrook Dr<br>City Lakeville State MN Zip Code 55044<br>Purpose of Disbursement Solicitation and Fundraising Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5124<br>Date of Disbursement<br>06 / 18 / 2010<br>Amount of Each Disbursement this Period<br>1262.50<br>[MEMO ITEM]<br>Facility Rental and Food | 003<br>Category/<br>Type |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Crossroads Liquor

Mailing Address 1267 Vierling Drive E

City State Zip Code  
Shakopee MN 55379

Purpose of Disbursement  
Solicitation and Fundraising Expenses

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5132  
Date of Disbursement

06 / 18 / 2010

Amount of Each Disbursement this Period

178.10

[MEMO ITEM]  
Beverage Service

B.

Full Name (Last, First, Middle Initial)  
Visa Klein Bank

Mailing Address PO Box 790408

City State Zip Code  
Saint Louis MO 63179

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5131  
Date of Disbursement

06 / 18 / 2010

Amount of Each Disbursement this Period

106.05

[MEMO ITEM]  
Service Charge

C.

Full Name (Last, First, Middle Initial)  
O'Reilly Auto Parts

Mailing Address 233 S Patterson Ave

City State Zip Code  
Springfield MO 65802

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5130  
Date of Disbursement

06 / 18 / 2010

Amount of Each Disbursement this Period

8.55

[MEMO ITEM]  
Fuses

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)  
Kline for Congress

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Arrowwine Inc</p> <p>Mailing Address 4508 Lee Highway</p> <p>City Arlington State VA Zip Code 22207</p> <p>Purpose of Disbursement<br/>Administrative/Salary/Overhead Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>              | <p><b>Transaction ID:</b> SB17-EX5118</p> <p>Date of Disbursement<br/>06 / 18 / 2010</p> <p>Amount of Each Disbursement this Period<br/>69.24</p> <p><b>[MEMO ITEM]</b><br/>Food and Beverage</p>    |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mozy.com</p> <p>Mailing Address 2211 Elliot Ave. Suite 300</p> <p>City Seattle State WA Zip Code 98121</p> <p>Purpose of Disbursement<br/>Administrative/Salary/Overhead Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>           | <p><b>Transaction ID:</b> SB17-EX5123</p> <p>Date of Disbursement<br/>06 / 18 / 2010</p> <p>Amount of Each Disbursement this Period<br/>8.95</p> <p><b>[MEMO ITEM]</b><br/>Computer Backup</p>       |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Target Department Store</p> <p>Mailing Address 777 Nicollet Mall</p> <p>City Minneapolis State MN Zip Code 55402</p> <p>Purpose of Disbursement<br/>Administrative/Salary/Overhead Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> SB17-EX5122</p> <p>Date of Disbursement<br/>06 / 18 / 2010</p> <p>Amount of Each Disbursement this Period<br/>81.87</p> <p><b>[MEMO ITEM]</b><br/>Labels and Beverages</p> |

|   |             |
|---|-------------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p>0.00</p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |             |

# 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)  
Kline for Congress

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Cub Foods<br>Mailing Address 3784 150th St W<br>City Rosemount State MN Zip Code 55068<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼           | Transaction ID: SB17-EX5125<br>Date of Disbursement<br>06 / 18 / 2010<br>Amount of Each Disbursement this Period<br>26.97<br>[MEMO ITEM]<br>Beverages         |
| B. | Full Name (Last, First, Middle Initial)<br>Jaleo<br>Mailing Address 2250a Crystal Dr<br>City Arlington State VA Zip Code 22202<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: SB17-EX5117<br>Date of Disbursement<br>06 / 18 / 2010<br>Amount of Each Disbursement this Period<br>69.30<br>[MEMO ITEM]<br>Food and Beverage |
| C. | Full Name (Last, First, Middle Initial)<br>The Home Depot<br>Mailing Address 155 W Nicollet Blvd<br>City Burnsville State MN Zip Code 55337<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5127<br>Date of Disbursement<br>06 / 18 / 2010<br>Amount of Each Disbursement this Period<br>33.12<br>[MEMO ITEM]<br>Sign Posts        |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> 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)  
Kline for Congress

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.     | Full Name (Last, First, Middle Initial)<br>Pair Networks Inc.  | Transaction ID: SB17-EX5129<br>Date of Disbursement  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 2403 Sidney St   | <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>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 8 |  | 2 | 0 | 1 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 6  |  | 1      | 8 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City Pittsburgh State PA Zip Code 15203  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement Administrative/Salary/Overhead Expenses  | <table border="1"><tr><td>103.39</td></tr></table>   | 103.39 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 103.39 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | 001<br>Category/Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        |  | [MEMO ITEM]<br>Web site Server   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>Kowalski's Market   | Transaction ID: SB17-EX5126<br>Date of Disbursement  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 7590 160th St W  | <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>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 8 |  | 2 | 0 | 1 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 6  |  | 1      | 8 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City Lakeville State MN Zip Code 55044   | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement Solicitation and Fundraising Expenses  | <table border="1"><tr><td>267.28</td></tr></table>   | 267.28 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 267.28 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | 003<br>Category/Type   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        |  | [MEMO ITEM]<br>Food and Beverage   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.    | Full Name (Last, First, Middle Initial)<br>Paychex   | Transaction ID: SB17-EX5228<br>Date of Disbursement  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 911 Panorama Trail S   | <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>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 1 | 2 |  | 2 | 0 | 1 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 4  |  | 1     | 2 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City Rochester State NY Zip Code 14625   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement Payroll Service Fee  | <table border="1"><tr><td>91.50</td></tr></table>  | 91.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 91.50 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | 001<br>Category/Type   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       |  | Payroll Service Fee  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>91.50</td></tr></table> | 91.50 |
| 91.50  |   |       |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>      |       |
|  |   |       |

# 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)  
Kline for Congress

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Paychex<br>Mailing Address 911 Panorama Trail S<br>City Rochester State NY Zip Code 14625<br>Purpose of Disbursement Credit Card Paid by Paychex<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                        | Transaction ID: SB17-EX5044<br>Date of Disbursement<br>04 / 14 / 2010<br>Amount of Each Disbursement this Period<br>3886.55<br>Credit Card Paid by Paychex        |
| B. | Full Name (Last, First, Middle Initial)<br>Justin Streiff<br>Mailing Address 12204 17th Ave S Unit A<br>City Burnsville State MN Zip Code 55337<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5043<br>Date of Disbursement<br>04 / 14 / 2010<br>Amount of Each Disbursement this Period<br>765.51<br>[MEMO ITEM]<br>Net Salary           |
| C. | Full Name (Last, First, Middle Initial)<br>Mn Dept of Revenue<br>Mailing Address 600 N Robert St<br>City St. Paul State MN Zip Code 55101<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Transaction ID: SB17-EX5039<br>Date of Disbursement<br>04 / 14 / 2010<br>Amount of Each Disbursement this Period<br>48.48<br>[MEMO ITEM]<br>Streiff Payroll Taxes |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3886.55 |
| <b>TOTAL</b> 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)  
Kline for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Us Treasury   | Transaction ID: SB17-EX5040<br>Date of Disbursement<br>04 / 14 / 2010  |
|    | Mailing Address 5800 E Bannister Ave   | Amount of Each Disbursement this Period<br>198.14  |
|    | City Kansas City State MO Zip Code 64134   |  |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Harning Payroll Taxes  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Us Treasury   | Transaction ID: SB17-EX5041<br>Date of Disbursement<br>04 / 14 / 2010  |
|    | Mailing Address 5800 E Bannister Ave   | Amount of Each Disbursement this Period<br>177.68  |
|    | City Kansas City State MO Zip Code 64134   |  |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Streiff Payroll Taxes  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Us Treasury   | Transaction ID: SB17-EX5042<br>Date of Disbursement<br>04 / 14 / 2010  |
|    | Mailing Address 5800 E Bannister Ave   | Amount of Each Disbursement this Period<br>304.88  |
|    | City Kansas City State MO Zip Code 64134   |  |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Employer Payroll Taxes   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> 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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Leticia Harnung

Mailing Address 1117 Atwood Ct

City State Zip Code  
Shakopee MN 55379

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5038  
Date of Disbursement

04 / 14 / 2010

Amount of Each Disbursement this Period

2391.86

[MEMO ITEM]  
Net Salary

B.

Full Name (Last, First, Middle Initial)  
Paychex

Mailing Address 911 Panorama Trail S

City State Zip Code  
Rochester NY 14625

Purpose of Disbursement  
Credit Card Paid by Paychex  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5155  
Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

3888.29

Credit Card Paid by Paychex

C.

Full Name (Last, First, Middle Initial)  
Justin Streiff

Mailing Address 12204 17th Ave S  
Unit A

City State Zip Code  
Burnsville MN 55337

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5150  
Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

765.50

[MEMO ITEM]  
Net Salary

SUBTOTAL of Disbursements This Page (optional) ▶

3888.29

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)

PAGE 121 / 159

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Kline for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Mn Dept of Revenue  | Transaction ID: SB17-EX5151<br>Date of Disbursement<br>04 / 30 / 2010  |
|    | Mailing Address 600 N Robert St  | Amount of Each Disbursement this Period<br>48.48   |
|    | City St. Paul State MN Zip Code 55101  |  |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Streiff Payroll Taxes  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Us Treasury   | Transaction ID: SB17-EX5152<br>Date of Disbursement<br>04 / 30 / 2010  |
|    | Mailing Address 5800 E Bannister Ave   | Amount of Each Disbursement this Period<br>198.13  |
|    | City Kansas City State MO Zip Code 64134   |  |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Harnung Payroll Taxes  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Us Treasury   | Transaction ID: SB17-EX5153<br>Date of Disbursement<br>04 / 30 / 2010  |
|    | Mailing Address 5800 E Bannister Ave   | Amount of Each Disbursement this Period<br>177.68  |
|    | City Kansas City State MO Zip Code 64134   |  |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Streiff Payroll Taxes  |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> 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)  
Kline for Congress

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Us Treasury<br><br>Mailing Address 5800 E Bannister Ave<br><br>City Kansas City State MO Zip Code 64134<br><br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5154<br>Date of Disbursement<br>04 / 30 / 2010<br><br>Amount of Each Disbursement this Period<br>306.63<br><br><b>[MEMO ITEM]</b><br>Employer Payroll Taxes |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Leticia Harnung<br><br>Mailing Address 1117 Atwood Ct<br><br>City Shakopee State MN Zip Code 55379<br><br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      | Transaction ID: SB17-EX5149<br>Date of Disbursement<br>04 / 30 / 2010<br><br>Amount of Each Disbursement this Period<br>2391.87<br><br><b>[MEMO ITEM]</b><br>Net Salary            |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Paychex<br><br>Mailing Address 911 Panorama Trail S<br><br>City Rochester State NY Zip Code 14625<br><br>Purpose of Disbursement Payroll Service Fee<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                           | Transaction ID: SB17-EX5148<br>Date of Disbursement<br>05 / 03 / 2010<br><br>Amount of Each Disbursement this Period<br>59.00<br><br>Payroll Service Fee                           |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 59.00 |
| <b>TOTAL</b> 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)  
Kline for Congress

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Paychex</p> <p>Mailing Address 911 Panorama Trail S</p> <p>City Rochester State NY Zip Code 14625</p> <p>Purpose of Disbursement<br/>PAYROLL: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                                 | <p><b>Transaction ID:</b> SB17-EX5163</p> <p>Date of Disbursement<br/>05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period<br/>6042.93</p> <p>Category/Type<br/>001</p> <p>PAYROLL: SEE BELOW</p>                  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Justin Streiff</p> <p>Mailing Address 12204 17th Ave S Unit A</p> <p>City Burnsville State MN Zip Code 55337</p> <p>Purpose of Disbursement<br/>Administrative/Salary/Overhead Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5158</p> <p>Date of Disbursement<br/>05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period<br/>865.81</p> <p>Category/Type<br/>001</p> <p>[MEMO ITEM]<br/>Net Salary</p>           |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Mn Dept of Revenue</p> <p>Mailing Address 600 N Robert St</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement<br/>Administrative/Salary/Overhead Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> SB17-EX5159</p> <p>Date of Disbursement<br/>05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period<br/>57.75</p> <p>Category/Type<br/>001</p> <p>[MEMO ITEM]<br/>Streiff Payroll Taxes</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6042.93

**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)  
Kline for Congress

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Us Treasury<br>Mailing Address 5800 E Bannister Ave<br>City Kansas City State MO Zip Code 64134<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5160<br>Date of Disbursement<br>05 / 14 / 2010<br>Amount of Each Disbursement this Period<br>209.77<br>[MEMO ITEM]<br>Streiff Payroll Taxes  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Us Treasury<br>Mailing Address 5800 E Bannister Ave<br>City Kansas City State MO Zip Code 64134<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5161<br>Date of Disbursement<br>05 / 14 / 2010<br>Amount of Each Disbursement this Period<br>198.14<br>[MEMO ITEM]<br>Harnung Payroll Taxes  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Us Treasury<br>Mailing Address 5800 E Bannister Ave<br>City Kansas City State MO Zip Code 64134<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5162<br>Date of Disbursement<br>05 / 14 / 2010<br>Amount of Each Disbursement this Period<br>319.60<br>[MEMO ITEM]<br>Employer Payroll Taxes |

|  |      |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> 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)  
Kline for Congress

|           |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|-----------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Maggie Osskopp<br><hr/> Mailing Address 17385 Halifax Path<br><hr/> City Lakeville State MN Zip Code 55044<br><hr/> Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span><br>Category/Type<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: SB17-EX5157<br>Date of Disbursement<br><table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period<br><table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> <hr/> <b>[MEMO ITEM]</b><br>Administrative Consulting | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 4 |  | 2 | 0 | 1 | 0 | 2000.00 |
| M         | M  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0         | 5  |   | 1 | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 2000.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Leticia Harnung<br><hr/> Mailing Address 1117 Atwood Ct<br><hr/> City Shakopee State MN Zip Code 55379<br><hr/> Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span><br>Category/Type<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:     | Transaction ID: SB17-EX5156<br>Date of Disbursement<br><table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period<br><table border="1" style="width: 100%; text-align: center;"> <tr> <td>2391.86</td> </tr> </table> <hr/> <b>[MEMO ITEM]</b><br>Net Salary                | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 4 |  | 2 | 0 | 1 | 0 | 2391.86 |
| M         | M  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0         | 5  |   | 1 | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 2391.86   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Paychex<br><hr/> Mailing Address 911 Panorama Trail S<br><hr/> City Rochester State NY Zip Code 14625<br><hr/> Purpose of Disbursement PAYROLL: SEE BELOW<br>Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span><br>Category/Type<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:                           | Transaction ID: SB17-EX5173<br>Date of Disbursement<br><table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period<br><table border="1" style="width: 100%; text-align: center;"> <tr> <td>4274.19</td> </tr> </table> <hr/> PAYROLL: SEE BELOW                              | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 3 | 1 |  | 2 | 0 | 1 | 0 | 4274.19 |
| M         | M  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0         | 5  |   | 3 | 1 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 4274.19   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">4274.19</td> </tr> </table> | 4274.19 |
| 4274.19  |  |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>                     |         |
|  |  |         |

# 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)  
Kline for Congress

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Kelly Egan<br>Mailing Address 10220 170th St W<br>City Burnsville State MN Zip Code 55337<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | Transaction ID: SB17-EX5164<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 3 1 / 2 0 1 0<br>Amount of Each Disbursement this Period<br>438.13<br>[MEMO ITEM]<br>Net Salary           |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Justin Streiff<br>Mailing Address 12204 17th Ave S Unit A<br>City Burnsville State MN Zip Code 55337<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5166<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 3 1 / 2 0 1 0<br>Amount of Each Disbursement this Period<br>709.12<br>[MEMO ITEM]<br>Net Salary           |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mn Dept of Revenue<br>Mailing Address 600 N Robert St<br>City St. Paul State MN Zip Code 55101<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Transaction ID: SB17-EX5167<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 3 1 / 2 0 1 0<br>Amount of Each Disbursement this Period<br>40.91<br>[MEMO ITEM]<br>Streiff Payroll Taxes |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> 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)  
Kline for Congress

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mn Dept of Revenue</p> <p>Mailing Address 600 N Robert St</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> SB17-EX5168<br/><b>Date of Disbursement:</b><br/>05 / 31 / 2010</p> <p>Amount of Each Disbursement this Period<br/>14.04</p> <p><b>[MEMO ITEM]</b><br/>Egan Payroll Taxes</p>     |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Us Treasury</p> <p>Mailing Address 5800 E Bannister Ave</p> <p>City Kansas City State MO Zip Code 64134</p> <p>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5169<br/><b>Date of Disbursement:</b><br/>05 / 31 / 2010</p> <p>Amount of Each Disbursement this Period<br/>47.83</p> <p><b>[MEMO ITEM]</b><br/>Egan Payroll Taxes</p>     |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Us Treasury</p> <p>Mailing Address 5800 E Bannister Ave</p> <p>City Kansas City State MO Zip Code 64134</p> <p>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5170<br/><b>Date of Disbursement:</b><br/>05 / 31 / 2010</p> <p>Amount of Each Disbursement this Period<br/>198.13</p> <p><b>[MEMO ITEM]</b><br/>Harnung Payroll Taxes</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**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)

PAGE 128 / 159

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Kline for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Us Treasury   | Transaction ID: SB17-EX5171<br>Date of Disbursement<br>05 / 31 / 2010  |
|    | Mailing Address 5800 E Bannister Ave   | Amount of Each Disbursement this Period<br>99.97   |
|    | City Kansas City State MO Zip Code 64134   |  |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Streiff Payroll Taxes  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Us Treasury   | Transaction ID: SB17-EX5172<br>Date of Disbursement<br>05 / 31 / 2010  |
|    | Mailing Address 5800 E Bannister Ave   | Amount of Each Disbursement this Period<br>334.19  |
|    | City Kansas City State MO Zip Code 64134   |  |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Employer Payroll Taxes   |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Leticia Harnung   | Transaction ID: SB17-EX5165<br>Date of Disbursement<br>05 / 31 / 2010  |
|    | Mailing Address 1117 Atwood Ct   | Amount of Each Disbursement this Period<br>2391.87   |
|    | City Shakopee State MN Zip Code 55379  |  |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Net Salary   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> 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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement

Payroll Service Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5229

Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

59.00

Payroll Service Fee

B.

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement

PAYROLL: SEE BELOW

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5184

Date of Disbursement

06 / 15 / 2010

Amount of Each Disbursement this Period

6139.88

PAYROLL: SEE BELOW

C.

Full Name (Last, First, Middle Initial)

Kelly Egan

Mailing Address 10220 170th St W

City Burnsville State MN Zip Code 55337

Purpose of Disbursement

Administrative/Salary/Overhead Expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5176

Date of Disbursement

06 / 15 / 2010

Amount of Each Disbursement this Period

230.20

[MEMO ITEM]  
Net Salary

SUBTOTAL of Disbursements This Page (optional) ..... ▶

6198.88

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)  
Kline for Congress

|        |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
|--------|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| A.     | Full Name (Last, First, Middle Initial)<br>Justin Streiff<br><br>Mailing Address 12204 17th Ave S<br>Unit A<br><br>City Burnsville State MN Zip Code 55337<br><br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5177<br>Date of Disbursement<br><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>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period<br><table border="1"> <tr> <td style="text-align: center;">788.31</td> </tr> </table> [MEMO ITEM]<br>Net Salary           | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 5 |  | 2 | 0 | 1 | 0 | 788.31 |
| M      | M   | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0      | 6   |  | 1 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 788.31 |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| B.     | Full Name (Last, First, Middle Initial)<br>Mn Dept of Revenue<br><br>Mailing Address 600 N Robert St<br><br>City St. Paul State MN Zip Code 55101<br><br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | Transaction ID: SB17-EX5178<br>Date of Disbursement<br><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>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period<br><table border="1"> <tr> <td style="text-align: center;">48.48</td> </tr> </table> [MEMO ITEM]<br>Streiff Payroll Taxes | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 5 |  | 2 | 0 | 1 | 0 | 48.48  |
| M      | M   | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0      | 6   |  | 1 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 48.48  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| C.     | Full Name (Last, First, Middle Initial)<br>Mn Dept of Revenue<br><br>Mailing Address 600 N Robert St<br><br>City St. Paul State MN Zip Code 55101<br><br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | Transaction ID: SB17-EX5179<br>Date of Disbursement<br><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>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period<br><table border="1"> <tr> <td style="text-align: center;">0.67</td> </tr> </table> [MEMO ITEM]<br>Egan Payroll Taxes     | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 5 |  | 2 | 0 | 1 | 0 | 0.67   |
| M      | M   | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0      | 6   |  | 1 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0.67   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |

|  |  |      |
|--|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <table border="1"> <tr> <td style="font-size: 1.2em;">0.00</td> </tr> </table> | 0.00 |
| 0.00   |  |      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <table border="1"> <tr> <td style="height: 20px;"> </td> </tr> </table>        |      |
|  |  |      |

# 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)  
Kline for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Us Treasury   | Transaction ID: SB17-EX5180<br>Date of Disbursement<br>06 / 15 / 2010  |
|    | Mailing Address 5800 E Bannister Ave   | Amount of Each Disbursement this Period<br>198.14  |
|    | City Kansas City State MO Zip Code 64134   |  |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Harning Payroll Taxes  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Us Treasury   | Transaction ID: SB17-EX5181<br>Date of Disbursement<br>06 / 15 / 2010  |
|    | Mailing Address 5800 E Bannister Ave   | Amount of Each Disbursement this Period<br>19.13   |
|    | City Kansas City State MO Zip Code 64134   |  |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Egan Payroll Taxes   |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Us Treasury   | Transaction ID: SB17-EX5182<br>Date of Disbursement<br>06 / 15 / 2010  |
|    | Mailing Address 5800 E Bannister Ave   | Amount of Each Disbursement this Period<br>154.87  |
|    | City Kansas City State MO Zip Code 64134   |  |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Streiff Payroll Taxes  |

|  |      |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> 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)  
Kline for Congress

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Us Treasury<br><br>Mailing Address 5800 E Bannister Ave<br><br>City Kansas City State MO Zip Code 64134<br><br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5183<br>Date of Disbursement<br>06 / 15 / 2010<br><br>Amount of Each Disbursement this Period<br>308.22<br><br><b>[MEMO ITEM]</b><br>Employer Payroll Taxes     |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Maggie Osskopp<br><br>Mailing Address 17385 Halifax Path<br><br>City Lakeville State MN Zip Code 55044<br><br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: SB17-EX5175<br>Date of Disbursement<br>06 / 15 / 2010<br><br>Amount of Each Disbursement this Period<br>2000.00<br><br><b>[MEMO ITEM]</b><br>Administrative Consulting |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Leticia Harnung<br><br>Mailing Address 1117 Atwood Ct<br><br>City Shakopee State MN Zip Code 55379<br><br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      | Transaction ID: SB17-EX5174<br>Date of Disbursement<br>06 / 15 / 2010<br><br>Amount of Each Disbursement this Period<br>2391.86<br><br><b>[MEMO ITEM]</b><br>Net Salary                |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 0.00 |

# 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)  
Kline for Congress

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>Paychex<br>Mailing Address 911 Panorama Trail S<br>City Rochester State NY Zip Code 14625<br>Purpose of Disbursement<br>PAYROLL: SEE BELOW<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                 | Transaction ID: SB17-EX5199<br>Date of Disbursement<br>06 / 30 / 2010<br>Amount of Each Disbursement this Period<br>4135.35<br>Category/Type: 001<br>PAYROLL: SEE BELOW       |
| B. | Full Name (Last, First, Middle Initial)<br>Kelly Egan<br>Mailing Address 10220 170th St W<br>City Burnsville State MN Zip Code 55337<br>Purpose of Disbursement<br>Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | Transaction ID: SB17-EX5190<br>Date of Disbursement<br>06 / 30 / 2010<br>Amount of Each Disbursement this Period<br>230.21<br>Category/Type: 001<br>[MEMO ITEM]<br>Net Salary |
| C. | Full Name (Last, First, Middle Initial)<br>Justin Streiff<br>Mailing Address 12204 17th Ave S Unit A<br>City Burnsville State MN Zip Code 55337<br>Purpose of Disbursement<br>Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5192<br>Date of Disbursement<br>06 / 30 / 2010<br>Amount of Each Disbursement this Period<br>788.30<br>Category/Type: 001<br>[MEMO ITEM]<br>Net Salary |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

4135.35

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)  
Kline for Congress

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Mn Dept of Revenue<br>Mailing Address 600 N Robert St<br>City St. Paul State MN Zip Code 55101<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: SB17-EX5193<br>Date of Disbursement<br>06 / 30 / 2010<br>Amount of Each Disbursement this Period<br>48.48<br>[MEMO ITEM]<br>Streiff Payroll Taxes  |
| B. | Full Name (Last, First, Middle Initial)<br>Mn Dept of Revenue<br>Mailing Address 600 N Robert St<br>City St. Paul State MN Zip Code 55101<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: SB17-EX5194<br>Date of Disbursement<br>06 / 30 / 2010<br>Amount of Each Disbursement this Period<br>0.67<br>[MEMO ITEM]<br>Egan Payroll Taxes      |
| C. | Full Name (Last, First, Middle Initial)<br>Us Treasury<br>Mailing Address 5800 E Bannister Ave<br>City Kansas City State MO Zip Code 64134<br>Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5195<br>Date of Disbursement<br>06 / 30 / 2010<br>Amount of Each Disbursement this Period<br>154.88<br>[MEMO ITEM]<br>Streiff Payroll Taxes |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> 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)  
Kline for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Us Treasury   | Transaction ID: SB17-EX5196  |
|    | Mailing Address 5800 E Bannister Ave   | Date of Disbursement<br>06 / 30 / 2010   |
|    | City Kansas City State MO Zip Code 64134   | Amount of Each Disbursement this Period<br>198.13  |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Harning Payroll Taxes  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Us Treasury   | Transaction ID: SB17-EX5197  |
|    | Mailing Address 5800 E Bannister Ave   | Date of Disbursement<br>06 / 30 / 2010   |
|    | City Kansas City State MO Zip Code 64134   | Amount of Each Disbursement this Period<br>19.12   |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Egan Payroll Taxes   |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Us Treasury   | Transaction ID: SB17-EX5198  |
|    | Mailing Address 5800 E Bannister Ave   | Date of Disbursement<br>06 / 30 / 2010   |
|    | City Kansas City State MO Zip Code 64134   | Amount of Each Disbursement this Period<br>303.69  |
|    | Purpose of Disbursement Administrative/Salary/Overhead Expenses<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | <b>[MEMO ITEM]</b><br>Employer Payroll Taxes   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> 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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Leticia Harnung

Mailing Address 1117 Atwood Ct

City State Zip Code  
Shakopee MN 55379

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17-EX5191  
Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

2391.87

[MEMO ITEM]  
Net Salary

B.

Full Name (Last, First, Middle Initial)  
Vanco Services

Mailing Address 12600 Whitewater Drive Ste 200

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement  
Credit Card Service Fee  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17-EX4958  
Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

5.03

Credit Card Service Fee

C.

Full Name (Last, First, Middle Initial)  
Vanco Services

Mailing Address 12600 Whitewater Drive Ste 200

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement  
Credit Card Service Fee  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB17-EX4982  
Date of Disbursement

04 / 13 / 2010

Amount of Each Disbursement this Period

1.14

Credit Card Service Fee

SUBTOTAL of Disbursements This Page (optional) ▶

6.17

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)  
Kline for Congress

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Vanco Services<br>Mailing Address 12600 Whitewater Drive Ste 200<br>City Minnetonka State MN Zip Code 55343<br>Purpose of Disbursement<br>Credit Card Service Fee<br>Candidate Name | Transaction ID: SB17-EX5232<br>Date of Disbursement<br>04 / 15 / 2010<br>Amount of Each Disbursement this Period<br>24.00<br>Category/Type<br>001 |
|   |   |

Credit Card Service Fee

|   |   |
|---|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Vanco Services<br>Mailing Address 12600 Whitewater Drive Ste 200<br>City Minnetonka State MN Zip Code 55343<br>Purpose of Disbursement<br>Credit Card Service Fee<br>Candidate Name | Transaction ID: SB17-EX4983<br>Date of Disbursement<br>04 / 16 / 2010<br>Amount of Each Disbursement this Period<br>41.70<br>Category/Type<br>001 |
|   |   |

Credit Card Service Fee

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Vanco Services<br>Mailing Address 12600 Whitewater Drive Ste 200<br>City Minnetonka State MN Zip Code 55343<br>Purpose of Disbursement<br>Credit Card Service Fee<br>Candidate Name | Transaction ID: SB17-EX4984<br>Date of Disbursement<br>04 / 21 / 2010<br>Amount of Each Disbursement this Period<br>7.33<br>Category/Type<br>001 |
|   |  |

Credit Card Service Fee

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>73.03</b> |
| <b>TOTAL</b> 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)  
Kline for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Vanco Services  | Transaction ID: SB17-EX5060<br>Date of Disbursement<br>04 / 23 / 2010  |
|    | Mailing Address 12600 Whitewater Drive Ste 200   | Amount of Each Disbursement this Period<br>9.00  |
|    | City Minnetonka State MN Zip Code 55343  |  |
|    | Purpose of Disbursement<br>Credit Card Service Fee   | 001<br>Category/<br>Type   |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Credit Card Service Fee  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Vanco Services  | Transaction ID: SB17-EX5059<br>Date of Disbursement<br>04 / 26 / 2010  |
|    | Mailing Address 12600 Whitewater Drive Ste 200   | Amount of Each Disbursement this Period<br>27.95   |
|    | City Minnetonka State MN Zip Code 55343  |  |
|    | Purpose of Disbursement<br>Credit Card Service Fee   | 001<br>Category/<br>Type   |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Credit Card Service Fee  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Vanco Services  | Transaction ID: SB17-EX5200<br>Date of Disbursement<br>04 / 28 / 2010  |
|    | Mailing Address 12600 Whitewater Drive Ste 200   | Amount of Each Disbursement this Period<br>1.14  |
|    | City Minnetonka State MN Zip Code 55343  |  |
|    | Purpose of Disbursement<br>Credit Card Service Fee   | 001<br>Category/<br>Type   |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Credit Card Service Fee  |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>38.09</b> |
| <b>TOTAL</b> 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)  
Kline for Congress

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5201</p> <p>Date of Disbursement<br/>05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period<br/>41.70</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5202</p> <p>Date of Disbursement<br/>05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period<br/>27.95</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5203</p> <p>Date of Disbursement<br/>05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period<br/>19.78</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

89.43

**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)  
Kline for Congress

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5204</p> <p>Date of Disbursement<br/>05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period<br/>7.11</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5205</p> <p>Date of Disbursement<br/>05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1.83</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5231</p> <p>Date of Disbursement<br/>05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period<br/>3.65</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

12.59

**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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Vanco Services

Transaction ID: SB17-EX5206  
Date of Disbursement

Mailing Address 12600 Whitewater Drive Ste 200

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 8 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Minnetonka MN 55343

Amount of Each Disbursement this Period

|      |
|------|
| 1.83 |
|------|

Purpose of Disbursement  
Credit Card Service Fee

|     |
|-----|
| 001 |
|-----|

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Credit Card Service Fee

State: District:

B.

Full Name (Last, First, Middle Initial)  
Vanco Services

Transaction ID: SB17-EX5207  
Date of Disbursement

Mailing Address 12600 Whitewater Drive Ste 200

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 9 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Minnetonka MN 55343

Amount of Each Disbursement this Period

|      |
|------|
| 1.28 |
|------|

Purpose of Disbursement  
Credit Card Service Fee

|     |
|-----|
| 001 |
|-----|

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Credit Card Service Fee

State: District:

C.

Full Name (Last, First, Middle Initial)  
Vanco Services

Transaction ID: SB17-EX5208  
Date of Disbursement

Mailing Address 12600 Whitewater Drive Ste 200

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Minnetonka MN 55343

Amount of Each Disbursement this Period

|      |
|------|
| 8.48 |
|------|

Purpose of Disbursement  
Credit Card Service Fee

|     |
|-----|
| 001 |
|-----|

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Credit Card Service Fee

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|       |
|-------|
| 11.59 |
|-------|

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

|  |
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|  |
|--|

# 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)  
Kline for Congress

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5209</p> <p>Date of Disbursement<br/>05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period<br/>35.45</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5210</p> <p>Date of Disbursement<br/>05 / 28 / 2010</p> <p>Amount of Each Disbursement this Period<br/>8.54</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5211</p> <p>Date of Disbursement<br/>06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period<br/>15.35</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

59.34

**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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Vanco Services

Transaction ID: SB17-EX5212  
Date of Disbursement

Mailing Address 12600 Whitewater Drive Ste 200

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 4 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Minnetonka MN 55343

Amount of Each Disbursement this Period

|      |
|------|
| 5.03 |
|------|

Purpose of Disbursement  
Credit Card Service Fee

|     |
|-----|
| 001 |
|-----|

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

Credit Card Service Fee

State: District:

B.

Full Name (Last, First, Middle Initial)  
Vanco Services

Transaction ID: SB17-EX5213  
Date of Disbursement

Mailing Address 12600 Whitewater Drive Ste 200

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Minnetonka MN 55343

Amount of Each Disbursement this Period

|      |
|------|
| 1.14 |
|------|

Purpose of Disbursement  
Credit Card Service Fee

|     |
|-----|
| 001 |
|-----|

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

Credit Card Service Fee

State: District:

C.

Full Name (Last, First, Middle Initial)  
Vanco Services

Transaction ID: SB17-EX5214  
Date of Disbursement

Mailing Address 12600 Whitewater Drive Ste 200

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 1 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Minnetonka MN 55343

Amount of Each Disbursement this Period

|      |
|------|
| 3.20 |
|------|

Purpose of Disbursement  
Credit Card Service Fee

|     |
|-----|
| 001 |
|-----|

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

Credit Card Service Fee

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

|      |
|------|
| 9.37 |
|------|

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)  
Kline for Congress

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5215</p> <p>Date of Disbursement<br/>06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1.33</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5230</p> <p>Date of Disbursement<br/>06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period<br/>6.00</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5216</p> <p>Date of Disbursement<br/>06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period<br/>14.20</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

21.53

**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)  
Kline for Congress

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5217</p> <p>Date of Disbursement<br/>06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>7.15</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5218</p> <p>Date of Disbursement<br/>06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1.14</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Vanco Services</p> <p>Mailing Address 12600 Whitewater Drive Ste 200</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement<br/>Credit Card Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5219</p> <p>Date of Disbursement<br/>06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period<br/>3.20</p> <p>001<br/>Category/<br/>Type</p> <p>Credit Card Service Fee</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

11.49

**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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Vanco Services

Mailing Address 12600 Whitewater Drive Ste 200

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement  
Credit Card Service Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5220  
Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

1.14

Credit Card Service Fee

B.

Full Name (Last, First, Middle Initial)  
Vanco Services

Mailing Address 12600 Whitewater Drive Ste 200

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5221  
Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

71.17

Administrative/Salary/Ove-  
rhead Expenses

C.

Full Name (Last, First, Middle Initial)  
Vanco Services

Mailing Address 12600 Whitewater Drive Ste 200

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement  
Credit Card Service Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5222  
Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

51.46

Credit Card Service Fee

SUBTOTAL of Disbursements This Page (optional) ▶

123.77

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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Vanco Services

Transaction ID: SB17-EX5223  
Date of Disbursement

Mailing Address 12600 Whitewater Drive Ste 200

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Minnetonka MN 55343

Amount of Each Disbursement this Period

|      |
|------|
| 1.14 |
|------|

Purpose of Disbursement  
Credit Card Service Fee

|     |
|-----|
| 001 |
|-----|

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

Credit Card Service Fee

State: District:

B.

Full Name (Last, First, Middle Initial)  
Townsend Group

Transaction ID: SB17-EX4995  
Date of Disbursement

Mailing Address 1006 Pendleton St.

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 1 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Alexandria VA 22314

Amount of Each Disbursement this Period

|         |
|---------|
| 3761.63 |
|---------|

Purpose of Disbursement  
PAYMENT: SEE BELOW

|     |
|-----|
| 003 |
|-----|

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

PAYMENT: SEE BELOW

State: District:

C.

Full Name (Last, First, Middle Initial)  
Staples Office Supplies

Transaction ID: SB17-EX4991  
Date of Disbursement

Mailing Address 3301 Jefferson Davis Hwy

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 1 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Alexandria VA 22305

Amount of Each Disbursement this Period

|       |
|-------|
| 10.00 |
|-------|

Purpose of Disbursement  
Nametags

|     |
|-----|
| 003 |
|-----|

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

|         |
|---------|
| 3762.77 |
|---------|

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

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|--|

# 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)  
Kline for Congress

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>United Parcel Service<br><br>Mailing Address 55 Glenlake Parkway NE<br><br>City Sandy Springs State GA Zip Code 30328<br><br>Purpose of Disbursement Room Rental Fee<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX4992<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 1 0<br><br>Amount of Each Disbursement this Period<br>200.00<br><br>[MEMO ITEM]  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Townsend Group<br><br>Mailing Address 1006 Pendleton St.<br><br>City Alexandria State VA Zip Code 22314<br><br>Purpose of Disbursement Catering<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                      | Transaction ID: SB17-EX4993<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 1 0<br><br>Amount of Each Disbursement this Period<br>551.63<br><br>[MEMO ITEM]  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Townsend Group<br><br>Mailing Address 1006 Pendleton St.<br><br>City Alexandria State VA Zip Code 22314<br><br>Purpose of Disbursement Fundraising Retainer<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | Transaction ID: SB17-EX4994<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 1 0<br><br>Amount of Each Disbursement this Period<br>3000.00<br><br>[MEMO ITEM] |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> 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)  
Kline for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Townsend Group  | Transaction ID: SB17-EX5014<br>Date of Disbursement<br>04 / 15 / 2010  |
|    | Mailing Address 1006 Pendleton St.   | Amount of Each Disbursement this Period<br>5309.97   |
|    | City Alexandria State VA Zip Code 22314  |  |
|    | Purpose of Disbursement<br>PAYMENT: SEE BELOW  | 003<br>Category/<br>Type   |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | PAYMENT: SEE BELOW   |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Capitol Hill Club   | Transaction ID: SB17-EX5006<br>Date of Disbursement<br>04 / 15 / 2010  |
|    | Mailing Address 300 First St. SE   | Amount of Each Disbursement this Period<br>987.28  |
|    | City Washington State DC Zip Code 20003  |  |
|    | Purpose of Disbursement<br>Food and Beverage   | 003<br>Category/<br>Type   |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | [MEMO ITEM]  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>United Parcel Service   | Transaction ID: SB17-EX5007<br>Date of Disbursement<br>04 / 15 / 2010  |
|    | Mailing Address 55 Glenlake Parkway NE   | Amount of Each Disbursement this Period<br>75.00   |
|    | City Sandy Springs State GA Zip Code 30328   |  |
|    | Purpose of Disbursement<br>Shipping Expense  | 003<br>Category/<br>Type   |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | [MEMO ITEM]  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 5309.97 |
| <b>TOTAL</b> 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)  
Kline for Congress

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Susan Gage Catering</p> <p>Mailing Address 7411 Livingston Road</p> <p>City Oxon Hill State MD Zip Code 20745</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> SB17-EX5008</p> <p>Date of Disbursement<br/>04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period<br/>334.40</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Cafe Recess</p> <p>Mailing Address 209 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17-EX5009</p> <p>Date of Disbursement<br/>04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period<br/>330.00</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Whole Foods Market</p> <p>Mailing Address 4530 40th St NW</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> SB17-EX5010</p> <p>Date of Disbursement<br/>04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period<br/>413.28</p> <p><b>[MEMO ITEM]</b></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**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)  
Kline for Congress

|           |   |  |  |
|-----------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>John Crouch Tobacconist<br><br>Mailing Address 215 King St<br><br>City Alexandria State VA Zip Code 22314<br><br>Purpose of Disbursement Cigars<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br><br>State: District:              | Transaction ID: SB17-EX5011<br>Date of Disbursement<br>04 / 15 / 2010<br><br>Amount of Each Disbursement this Period<br>165.01<br><br>[MEMO ITEM]  |  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Townsend Group<br><br>Mailing Address 1006 Pendleton St.<br><br>City Alexandria State VA Zip Code 22314<br><br>Purpose of Disbursement Parking Reimbursement<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br><br>State: District: | Transaction ID: SB17-EX5012<br>Date of Disbursement<br>04 / 15 / 2010<br><br>Amount of Each Disbursement this Period<br>5.00<br><br>[MEMO ITEM]    |  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Townsend Group<br><br>Mailing Address 1006 Pendleton St.<br><br>City Alexandria State VA Zip Code 22314<br><br>Purpose of Disbursement Fundraising Retainer<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br><br>State: District:  | Transaction ID: SB17-EX5013<br>Date of Disbursement<br>04 / 15 / 2010<br><br>Amount of Each Disbursement this Period<br>3000.00<br><br>[MEMO ITEM] |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <b>TOTAL</b> 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)  
Kline for Congress

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>Townsend Group  | Transaction ID: SB17-EX5108<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 1006 Pendleton St.   | <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>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 0 |  | 2 | 0 | 1 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 6  |  | 1       | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Alexandria State VA Zip Code 22314  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement<br>PAYMENT: SEE BELOW  | <table border="1"><tr><td>4325.68</td></tr></table>  | 4325.68 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 4325.68 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | <table border="1"><tr><td>003</td></tr></table> Category/Type  | 003     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 003     |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         |  | PAYMENT: SEE BELOW   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>Townsend Group  | Transaction ID: SB17-EX5109<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 1006 Pendleton St.   | <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>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 0 |  | 2 | 0 | 1 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 6  |  | 1       | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Alexandria State VA Zip Code 22314  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement<br>Fundraising Retainer  | <table border="1"><tr><td>3000.00</td></tr></table>  | 3000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 3000.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | <table border="1"><tr><td>003</td></tr></table> Category/Type  | 003     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 003     |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         |  | [MEMO ITEM]  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.    | Full Name (Last, First, Middle Initial)<br>Xo Communications   | Transaction ID: SB17-EX5110<br>Date of Disbursement  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address PO Box 650226  | <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>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 0 |  | 2 | 0 | 1 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 6  |  | 1     | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City Dallas State TX Zip Code 75265  | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement<br>Long Distance Telephone   | <table border="1"><tr><td>10.59</td></tr></table>  | 10.59 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 10.59 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | <table border="1"><tr><td>003</td></tr></table> Category/Type  | 003   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 003   |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       |  | [MEMO ITEM]  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>4325.68</td></tr></table> | 4325.68 |
| 4325.68  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |





# 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)  
Kline for Congress

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Ideal Advertising</p> <p>Mailing Address 13460 Highway 65 NE</p> <p>City Ham Lake State MN Zip Code 55304</p> <p>Purpose of Disbursement T-shirts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                 | <p><b>Transaction ID:</b> SB17-EX5002</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2366.50"/></p> <p>T-shirts</p>            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Justin Streiff</p> <p>Mailing Address 12204 17th Ave S Unit A</p> <p>City Burnsville State MN Zip Code 55337</p> <p>Purpose of Disbursement Mileage Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> SB17-EX4996</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="36.33"/></p> <p>Mileage Reimbursement</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Justin Streiff</p> <p>Mailing Address 12204 17th Ave S Unit A</p> <p>City Burnsville State MN Zip Code 55337</p> <p>Purpose of Disbursement Mileage Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> SB17-EX5016</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="24.92"/></p> <p>Mileage Reimbursement</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**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)

PAGE 155 / 159

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Kline for Congress

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Justin Streiff<br><br>Mailing Address 12204 17th Ave S<br>Unit A<br><br>City Burnsville State MN Zip Code 55337<br><br>Purpose of Disbursement Mileage Reimbursement<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5074<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 1 0<br><br>Amount of Each Disbursement this Period<br>11.38<br><br>Mileage Reimbursement           |
| B. | Full Name (Last, First, Middle Initial)<br>Justin Streiff<br><br>Mailing Address 12204 17th Ave S<br>Unit A<br><br>City Burnsville State MN Zip Code 55337<br><br>Purpose of Disbursement Mileage Reimbursement<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5069<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 1 0<br><br>Amount of Each Disbursement this Period<br>16.17<br><br>Mileage Reimbursement           |
| C. | Full Name (Last, First, Middle Initial)<br>Avex LLC<br><br>Mailing Address 4802 Park Glen Rd<br><br>City St Louis Park State MN Zip Code 55416<br><br>Purpose of Disbursement Audio/Visual Equipment Rental<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | Transaction ID: SB17-EX4987<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 1 0<br><br>Amount of Each Disbursement this Period<br>1038.95<br><br>Audio/Visual Equipment Rental |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1066.50

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)  
Kline for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>T-Mobile  | Transaction ID: SB17-EX5084<br>Date of Disbursement<br>05 / 07 / 2010  |
|    | Mailing Address PO Box 790047  | Amount of Each Disbursement this Period<br>91.56   |
|    | City St Louis State MO Zip Code 63179  |  |
|    | Purpose of Disbursement Cell Phone Expense<br>Candidate Name   | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Cell Phone Expense   |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>T-Mobile  | Transaction ID: SB17-EX5107<br>Date of Disbursement<br>06 / 10 / 2010  |
|    | Mailing Address PO Box 790047  | Amount of Each Disbursement this Period<br>93.72   |
|    | City St Louis State MO Zip Code 63179  |  |
|    | Purpose of Disbursement Cell Phone Expense<br>Candidate Name   | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Cell Phone Expense   |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Salem Communications  | Transaction ID: SB17-EX5083<br>Date of Disbursement<br>05 / 10 / 2010  |
|    | Mailing Address 2110 Cliff Rd  | Amount of Each Disbursement this Period<br>500.00  |
|    | City Eagan State MN Zip Code 55122   |  |
|    | Purpose of Disbursement Radio Advertising<br>Candidate Name  | 004<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Radio Advertising  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>685.28</b> |
| <b>TOTAL</b> 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  |

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)  
Kline for Congress

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Accurate Word LLC<br>Mailing Address 4481 White Plains Ln<br>City White Plains State MD Zip Code 20695<br>Purpose of Disbursement Letterhead Printing<br>Candidate Name | Transaction ID: SB17-EX5099<br>Date of Disbursement<br>05 / 14 / 2010<br>Amount of Each Disbursement this Period<br>4031.20 |
|   |   |
| Category/Type: 001<br>Letterhead Printing   |   |

|   |   |
|---|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Accurate Word LLC<br>Mailing Address 4481 White Plains Ln<br>City White Plains State MD Zip Code 20695<br>Purpose of Disbursement Envelope Printing<br>Candidate Name | Transaction ID: SB17-EX5105<br>Date of Disbursement<br>06 / 10 / 2010<br>Amount of Each Disbursement this Period<br>3011.80 |
|   |   |
| Category/Type: 001<br>Envelope Printing   |   |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Linden Media LLC<br>Mailing Address 609 N West St<br>City Alexandria State VA Zip Code 22314<br>Purpose of Disbursement Media Consulting<br>Candidate Name | Transaction ID: SB17-EX5102<br>Date of Disbursement<br>05 / 25 / 2010<br>Amount of Each Disbursement this Period<br>6845.50 |
|  |   |
| Category/Type: 004<br>Media Consulting   |   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>13888.50</b> |
| <b>TOTAL</b> 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)

PAGE 158 / 159

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)  
Kline for Congress

A.

Full Name (Last, First, Middle Initial)  
Safari Club International PAC

Transaction ID: SB17-CN36141  
Date of Disbursement

Mailing Address 501 2nd St NE

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

|        |
|--------|
| 619.45 |
|--------|

Purpose of Disbursement  
IN-KIND RECEIVED Lodging and Meals

|  |
|--|
|  |
|--|

Category/  
Type

Candidate Name  
Safari Club International PAC

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

In-Kind Received Lodging  
and Meals

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

|        |
|--------|
| 619.45 |
|--------|

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

|           |
|-----------|
| 113061.77 |
|-----------|

**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 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
Kline for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Republican Congressional Committee

Mailing Address 320 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
TRANSFER OF EXCESS FUNDS

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5067  
Date of Disbursement

04 / 27 / 2010

Amount of Each Disbursement this Period

34607.00

TRANSFER OF EXCESS FUNDS

**B.** Full Name (Last, First, Middle Initial)  
National Republican Congressional Committee

Mailing Address 320 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
TRANSFER OF EXCESS FUNDS

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5095  
Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

20000.00

TRANSFER OF EXCESS FUNDS

SUBTOTAL of Disbursements This Page (optional) ..... ►

54607.00

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

54607.00