

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
Jim Ramstad Volunteer Committee

ADDRESS (number and street) 1809 Plymouth Road South, #310
 Check if different than previously reported. (ACC)
Minnetonka MN 55305

2. **FEC IDENTIFICATION NUMBER** C00244129
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
MN 03

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

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

5. Covering Period 04 01 2007 through 06 30 2007

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 Neil N. Lapidus

Signature of Treasurer Electronically Filed by Neil N. Lapidus Date 08 25 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Jim Ramstad Volunteer Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	286730.91	344255.91
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	286730.91	344255.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	83814.74	266584.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	3673.68	3673.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	80141.06	262910.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	772430.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	17792.74	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Jim Ramstad Volunteer Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

188699.91

197434.91

(ii) Unitemized.....

1181.00

2721.00

(iii) TOTAL of contributions

189880.91

200155.91

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

92250.00

139500.00

(d) The Candidate.....

4600.00

4600.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

286730.91

344255.91

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

3673.68

3673.68

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

3059.32

6682.15

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

293463.91

354611.74

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	83814.74	266584.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	83814.74	266584.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	562781.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	293463.91
25. SUBTOTAL (add Line 23 and Line 24).....	856245.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	83814.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	772430.56

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

Name of Candidate Jim Ramstad		Candidate ID Number HOMN00013
Name of Principal Campaign Committee Jim Ramstad Volunteer Committee		Committee ID Number C C00244129
Committee Address 1809 Plymouth Road South, #310		
City Minnetonka	State MN	ZIP 55305-
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	291011.74	63600.00
2. Aggregate amount of contributions from personal funds of the candidate	2300.00	2300.00
3. Gross receipts minus the candidate's personal contributions	288711.74	61300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Erik Aamoth

Mailing Address 2210 Troy Ln. N

City Plymouth State MN Zip Code 55447

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

Name of Employer State of Minnesota Occupation Director Business Services

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 70711.C44742

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 603 E. Lake St. Suite 200K

City Wayzata State MN Zip Code 55391-1746

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 7

Transaction ID: 70711.C44778

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Ted Arneson

Mailing Address 2101 Irving Avenue South

City Minneapolis State MN Zip Code 55416

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

Name of Employer Professional Instruments Compa Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C44845

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Elam Baer

Mailing Address 2104 Girard Avenue South

City State Zip Code
Minneapolis MN 55405

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

Name of Employer Occupation
North Central Equity LLC CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2007

Transaction ID: 70711.C44768

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Jeffrey Baker

Mailing Address 121 Grove Ln E

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Information Requested Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2007

Transaction ID: 70712.C45023

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Jeffrey Baker

Mailing Address 121 Grove Ln E

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Information Requested Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2007

Transaction ID: 70712.C45024

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Patricia Baker

Mailing Address 121 Grove Ln. E

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Pan-O-Gold Baking Co. Legal Counsel

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2007

Transaction ID: 70712.C45022

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Patricia Baker

Mailing Address 121 Grove Ln. E

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Pan-O-Gold Baking Co. Legal Counsel

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2007

Transaction ID: 70712.C45021

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 2960 Gale Road

City State Zip Code
Wayzata MN 55391-2626

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

Name of Employer Occupation
Information Requested Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70711.C44798

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **6900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Thomas Beddow

Mailing Address 19 Edinburgh LN

City State Zip Code
Pinehurst NC 28374

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

Name of Employer Occupation
3M Company Government Affairs Counselor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2007

Transaction ID: 70711.C44809

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Steve Bennett

Mailing Address 40 Highland Avenue

City State Zip Code
Tonka Bay MN 55331

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

Name of Employer Occupation
Lexus of Wayzata Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2007

Transaction ID: 70712.C44975

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 721 East Rice Street

City State Zip Code
Wayzata MN 55391-1010

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

Name of Employer Occupation
Information Requested Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70712.C44999

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
John Berg

Mailing Address 721 East Rice Street

City State Zip Code
Wayzata MN 55391-1010

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70712.C45000

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Kjell Bergh

Mailing Address 5428 Lyndale Ave. S

City State Zip Code
Minneapolis MN 55419

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

Name of Employer Information Requested Occupation
Bergh Volvo Self-employed

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44705

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Bruce Binger

Mailing Address 1612 Morningside Drive

City State Zip Code
Stillwater MN 55082

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

Name of Employer Information Requested Occupation
C-3 Consulting Fundraiser

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2007

Transaction ID: 70711.C44731

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 124
	(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	

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. William Bloomer		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 630 Indian Mound E 303		Transaction ID: 70711.C44858	
City State Zip Code Wayzata MN 55391		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Lexus of Wayzata Owner			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Carole Bolles		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 4708 Annaway Drive		Transaction ID: 70712.C44995	
City State Zip Code Edina MN 55436-1349		Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Anchor Block Co. Businesswoman			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. Carole Bolles		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 4708 Annaway Drive		Transaction ID: 70712.C44996	
City State Zip Code Edina MN 55436-1349		Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Anchor Block Co. Businesswoman			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4600.00	

SUBTOTAL of Receipts This Page (optional) ▶	6600.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Glenn Bolles

Mailing Address 4708 Annaway Drive

City Edina State MN Zip Code 55436-1349

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

Name of Employer Anchor Wall Systems Occupation Executive/Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 70712.C44998

Amount of Each Receipt this Period
 2300.00

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

B. Full Name (Last, First, Middle Initial)
Glenn Bolles

Mailing Address 4708 Annaway Drive

City Edina State MN Zip Code 55436-1349

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

Name of Employer Anchor Wall Systems Occupation Executive/Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 70712.C44997

Amount of Each Receipt this Period
 2300.00

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

C. Full Name (Last, First, Middle Initial)
Edward Brehm

Mailing Address 430 Brown Road South

City Wayzata State MN Zip Code 55391

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

Name of Employer The Brehm Group, Inc. Occupation President

Receipt For: 2008
 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 5 / 2 0 0 7

Transaction ID: 70711.C44730

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **5600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Christopher Carlisle

Mailing Address 3321 Huntington Ave S

City State Zip Code
St. Louis Park MN 55416

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

Name of Employer
Gray Plant Mooty

Occupation
Lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44706

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Arne Carlson

Mailing Address 7570 208th St. N

City State Zip Code
Forest Lake MN 55025

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

Name of Employer Information Requested

Occupation
Director of Government Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2007

Transaction ID: 70711.C44743

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 262 Wyndham Cir. E

City State Zip Code
New Brighton MN 55112-3165

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

Name of Employer
University of MN Physicians

Occupation
Anesthesiologist/Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44707

Amount of Each Receipt this Period
200.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Austin Chapman

Mailing Address 8301 Creekside Circle #630
Number 630

City State Zip Code
Minneapolis MN 55437-1643

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 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 1 / 2 0 0 7

Transaction ID: 70711.C44779

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Donna Christen

Mailing Address 778 Iowa Ave. SE

City State Zip Code
Huron SD 57350

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

Name of Employer Information Requested Occupation
Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 7

Transaction ID: 70712.C45014

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Donna Christen

Mailing Address 778 Iowa Ave. SE

City State Zip Code
Huron SD 57350

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

Name of Employer Information Requested Occupation
Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 7

Transaction ID: 70712.C45013

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Paul Christen

Mailing Address 778 Iowa Avenue, SE
PO Box 1387

City Huron State SD Zip Code 57350

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70712.C45012

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Paul Christen

Mailing Address 778 Iowa Avenue, SE
PO Box 1387

City Huron State SD Zip Code 57350

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70712.C45011

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Allen Clark

Mailing Address 5824 Eden Prairie Road

City Minnetonka State MN Zip Code 55345

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

Name of Employer Information Requested Occupation Advanced Engineering Solutions

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70711.C44825

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

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

Mailing Address 140 South Brown Road

City State Zip Code
Long Lake MN 55356

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008
 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 6 / 2 0 0 7

Transaction ID: 70711.C44800

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
R. Michael Conley

Mailing Address 2910 Holly Lane North

City State Zip Code
Plymouth MN 55447

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008
 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 5 / 2 0 0 7

Transaction ID: 70711.C44826

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Ella Crosby

Mailing Address 540 Indian Mound Street #3B

City State Zip Code
Wayzata MN 55391

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

Name of Employer Information Requested Occupation
Sargent Management Company Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70711.C44827

Amount of Each Receipt this Period
250.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
John Curtiss

Mailing Address 1258 Goodrich Ave

City State Zip Code
Saint Paul MN 55105

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

Name of Employer Occupation
The Retreat President and CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44708

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Gary Dachis

Mailing Address 19600 Cedarhurst Street

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
UNBank Company Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2007

Transaction ID: 70711.C44810

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Bruce Dayton

Mailing Address 990 Old Long Lake Road

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Information Requested Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: 70712.C44986

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	3550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Bruce Dayton

Mailing Address 990 Old Long Lake Road

City State Zip Code
Wayzata MN 55391

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: 70712.C44985

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Douglas Dayton

Mailing Address 600 Highway 169 South Suite 1573

City State Zip Code
Minneapolis MN 55426

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

Name of Employer Information Requested Occupation
Dade, Inc. Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C44846

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Charles Denny

Mailing Address 3200 Calhoun Pkwy W 501 Apartment 501

City State Zip Code
Minneapolis MN 55416

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 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 5 / 2 0 0 7

Transaction ID: 70711.C44823

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Timothy Doherty		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 11039 Bell Oaks Estate Rd.		Transaction ID: 70711.C44709
City State Zip Code Eden Prairie MN 55347	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Doherty Employment Group	Occupation Owner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. John Dowdle		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 332 South Mississippi River Boulev		Transaction ID: 70711.C44860
City State Zip Code St. Paul MN 55105	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed	Occupation Physician	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dennis Doyle		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 10453 Bluff Road		Transaction ID: 70711.C44685
City State Zip Code Eden Prairie MN 55347	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Welsh Companies	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Elizabeth Driscoll

Mailing Address 30 - 7th Street E., Suite 2000

City State Zip Code
Saint Paul MN 55101-4930

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

Name of Employer Information Requested Occupation
Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: 70712.C44989

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Elizabeth Driscoll

Mailing Address 30 - 7th Street E., Suite 2000

City State Zip Code
Saint Paul MN 55101-4930

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

Name of Employer Information Requested Occupation
Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: 70712.C44990

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 30 East 7th St. Suite 2000

City State Zip Code
Saint Paul MN 55101

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: 70712.C44987

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **6900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
John Driscoll

Mailing Address 30 East 7th St.
Suite 2000

City State Zip Code
Saint Paul MN 55101

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70712.C44988

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
William Dunlap

Mailing Address 951 Spring Hill Road

City State Zip Code
Orono MN 55391

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 25 / 2007

Transaction ID: 70711.C44844

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
Jane Emison

Mailing Address 326 S Broadway 222

City State Zip Code
Wayzata MN 55391

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

Name of Employer Self Employed Occupation
Interior Designer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 18 / 2007

Transaction ID: 70711.C44744

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **4050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Jane Emison

Mailing Address 326 S Broadway 222

City State Zip Code
Wayzata MN 55391

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

Name of Employer Self Employed Occupation
Interior Designer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: 70711.C44862

Amount of Each Receipt this Period
1750.00

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

B. Full Name (Last, First, Middle Initial)
Karol Emmerich

Mailing Address 7302 Claredon Drive

City State Zip Code
Edina MN 55439

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

Name of Employer Self-employed Occupation
Consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: 70711.C44863

Amount of Each Receipt this Period
350.00

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

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

Mailing Address 1785 Emerson Avenue South

City State Zip Code
Minneapolis MN 55403

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

Name of Employer Haskells Wine and Spirits Occupation
President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: 70711.C44864

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

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

Mailing Address 124 Commons Ct.

City State Zip Code
Wheeling IL 60090

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

Name of Employer
Self Employed

Occupation
Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70711.C44797

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 1850 Como Ave.

City State Zip Code
Saint Paul MN 55108

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

Name of Employer
Lamperts

Occupation
CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44710

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jane Fesler

Mailing Address 509 Willoughby Way E

City State Zip Code
Minnetonka MN 55305

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

Name of Employer
Information Requested

Occupation
Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44711

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Michael Fiterman

Mailing Address 2200 Isengard Street

City State Zip Code
Minnetonka MN 55343

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

Name of Employer Occupation
Liberty Diversified Industries President

Receipt For: 2008 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 5 / 2 0 0 7

Transaction ID: 70711.C44828

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Tom Foley

Mailing Address P. O. Box 2935

City State Zip Code
St. Paul MN 55102

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

Name of Employer Occupation
Ramsey County Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 7

Transaction ID: 70711.C44811

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 5690 Merry Lane

City State Zip Code
Excelsior MN 55331-3321

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

Name of Employer Occupation
Project Consulting Group Chief Operating Officer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

82.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70712.C45001

Amount of Each Receipt this Period
82.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **782.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
James Fragola

Mailing Address 5690 Merry Lane

City State Zip Code
Excelsior MN 55331-3321

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

Name of Employer Project Consulting Group Occupation Chief Operating Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2382.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2007

Transaction ID: 70712.C45002

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 5690 Merry Lane

City State Zip Code
Excelsior MN 55331-3321

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

Name of Employer Project Consulting Group Occupation Chief Operating Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4599.91

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2007

Transaction ID: 70711.C44831

Amount of Each Receipt this Period
2217.91

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

Food and Beverage

C. Full Name (Last, First, Middle Initial)
Krista Fragola

Mailing Address 5690 Merry Lane

City State Zip Code
Excelsior MN 55331

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

Name of Employer Information Requested Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2007

Transaction ID: 70712.C45003

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **6817.91**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Krista Fragola

Mailing Address 5690 Merry Lane

City State Zip Code
Excelsior MN 55331

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

Name of Employer Information Requested Occupation
Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70712.C45004

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 873 Coach Way

City State Zip Code
Annapolis MD 21401-6481

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

Name of Employer Information Requested Occupation
Williams & Jensen Partner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2007

Transaction ID: 70711.C44812

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Stuart Francis

Mailing Address 116 Chevy Chase Dr

City State Zip Code
Wayzata MN 55391

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

Name of Employer Information Requested Occupation
SKY Sothebys International Re Realtor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2007

Transaction ID: 70711.C44733

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Eugene Frey

Mailing Address 6231 Fox Meadow Lane

City Edina State MN Zip Code 55436

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

Name of Employer Waldorf Corporation Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2007

Transaction ID: 70711.C44782

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Erik Gabrielson

Mailing Address 5605 Code Ave

City Edina State MN Zip Code 55436

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

Name of Employer GABE Company Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2007

Transaction ID: 70711.C44712

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Robert Ganz

Mailing Address 13956 Emerald Ridge

City Minnetonka State MN Zip Code 55305-2267

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

Name of Employer Minnesota Gastroenterology Occupation Gastroenterologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 26 / 2007

Transaction ID: 70711.C44801

Amount of Each Receipt this Period
500.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Thomas Geier

Mailing Address 5842 Mount Vernon Drive

City State Zip Code
Alexandria VA 22303

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

Name of Employer
3M Occupation
Government Affairs Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2007

Transaction ID: 70711.C44734

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 16841 Creek Ridge Trail

City State Zip Code
Minnetonka MN 55345

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

Name of Employer
Self Employed Occupation
Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44713

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Robert Greenberg

Mailing Address 1005 Mount Curve Avenue

City State Zip Code
Minneapolis MN 55403-1126

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

Name of Employer
The 614 Company Occupation
President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: 70712.C44974

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 124
	(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

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
James Griffith

Mailing Address 442 Pondridge Cir.

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
North Central Equity LLC Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44714

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
William Guidera

Mailing Address 1085 Willow View Dr

City State Zip Code
Orono MN 55356

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

Name of Employer Occupation
Strategic Communications Accounts Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2007

Transaction ID: 70711.C44735

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
William Gullickson

Mailing Address 109 Interlachen Road

City State Zip Code
Hopkins MN 55343

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

Name of Employer Occupation
McLaughlin Gormley King Co. President & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2007

Transaction ID: 70711.C44776

Amount of Each Receipt this Period
500.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 124 (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)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial) Jane Hall Mailing Address 3650 Northome Road <hr/> City State Zip Code Deephaven MN 55391 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer Information Requested Occupation Information Requested Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007 <hr/> Transaction ID: 70711.C44686 <hr/> Amount of Each Receipt this Period 200.00 <hr/> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
---	--

B. Full Name (Last, First, Middle Initial) Douglas Harmon Mailing Address 8633 Sandro Rd <hr/> City State Zip Code Bloomington MN 55438 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer Information Requested Occupation Information Requested Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007 <hr/> Transaction ID: 70712.C44973 <hr/> Amount of Each Receipt this Period 2300.00 <hr/> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
--	---

C. Full Name (Last, First, Middle Initial) James Harms Mailing Address 20625 Devonshire Ave <hr/> City State Zip Code Farmington MN 55024 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer Information Requested Occupation Information Requested Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007 <hr/> Transaction ID: 70711.C44687 <hr/> Amount of Each Receipt this Period 250.00 <hr/> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
--	--

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Martha Head

Mailing Address 1616 West 22nd Street

City State Zip Code
Minneapolis MN 55405

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

Name of Employer Information Requested Occupation
Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2007

Transaction ID: 70711.C44736

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 11051 Bell Oaks Estate Rd

City State Zip Code
Eden Prairie MN 55347

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70711.C44802

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Lawrence Hendrickson

Mailing Address 6466 City West Pkwy

City State Zip Code
Eden Prairie MN 55344-3245

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

Name of Employer Bank Compensation Strategies Occupation
President/CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1100.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70711.C44803

Amount of Each Receipt this Period
1000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Michael Hickey

Mailing Address 2375 Archer Lane North
Suite 100

City Plymouth State MN Zip Code 55447-2312

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

Name of Employer Hickey & Associates Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44688

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
F. Michael Higgins

Mailing Address 124 Chevy Chase Dr.

City Wayzata State MN Zip Code 55391

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44715

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Louis Hill

Mailing Address 1315 Red Fox Road
Suite 200

City Saint Paul State MN Zip Code 55112

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

Name of Employer Rockwood Capital Management Occupation Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: 70712.C44992

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Louis Hill

Mailing Address 1315 Red Fox Road
Suite 200

City State Zip Code
Saint Paul MN 55112

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

Name of Employer
Rockwood Capital Management

Occupation
Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: 70712.C44991

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 13908 Emerald Rdg

City State Zip Code
Minnetonka MN 55305

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

Name of Employer
Himle Horner, Inc.

Occupation
Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44689

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Robert Hopper

Mailing Address 2455 Co Rd No 24

City State Zip Code
Long Lake MN 55356

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

Name of Employer
Zimmerman Reed Law Firm

Occupation
Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: 70711.C44848

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Andrew Hunter

Mailing Address 537 Harrington Rd

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Hunter Keith Industries Chairman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2300.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70712.C45016

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Andrew Hunter

Mailing Address 537 Harrington Rd

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Hunter Keith Industries Chairman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

4600.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70712.C45015

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Carole Hunter

Mailing Address 537 Harrington Rd

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Information Requested Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2300.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70712.C45017

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Carole Hunter		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 537 Harrington Rd		Transaction ID: 70712.C45018
City State Zip Code Wayzata MN 55391	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Election Cycle-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) B. Gabriel Jabbour		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 985 Tonkawa Road		Transaction ID: 70712.C45019
City State Zip Code Orono MN 55391	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer West Photo Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Owner Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. Gabriel Jabbour		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 985 Tonkawa Road		Transaction ID: 70712.C45020
City State Zip Code Orono MN 55391	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer West Photo Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Owner Election Cycle-to-Date ▼ 4600.00	

SUBTOTAL of Receipts This Page (optional) ▶	6900.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

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

Mailing Address 2310 Huntington Pt Rd W

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Tower Automotive Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: 70711.C44849

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Steven R Knuth

Mailing Address 887 Highlander Trail

City State Zip Code
Hudson WI 54016

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

Name of Employer Occupation
Public Affairs Co. President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70711.C44866

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Robert Larson

Mailing Address 2030 Crosby Road

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Gray, Plant, Mooty, Mooty & Be Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70711.C44867

Amount of Each Receipt this Period
1000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Kathleen Leonard

Mailing Address 560 North St. SW

City Washington State DC Zip Code 20024

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

Name of Employer The Leonard Group Occupation Lobbyist

Receipt For: 2008
 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 2 / 2 0 0 7

Transaction ID: 70711.C44936

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
C. Paul Lindholm

Mailing Address 4792 Perkinsville Road

City Maple Plain State MN Zip Code 55359

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

Name of Employer Bank of Maple Plain Occupation Banker

Receipt For: 2008
 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 2 / 2 0 0 7

Transaction ID: 70711.C44813

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
William Lurton

Mailing Address PO Box 408

City Long Lake State MN Zip Code 55356

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70711.C44691

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Ralph Marlatt

Mailing Address 1211 Eads Street South 1206

City State Zip Code
Arlington VA 22202

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

Name of Employer Occupation
American International Underwr Vice President Business Develo

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70711.C44951

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Richard Mcfarland

Mailing Address 6341 Murray Hill Rd

City State Zip Code
Excelsior MN 55331

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

Name of Employer Occupation
Dain Rouscher Investments

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70711.C44785

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Christopher Mclver

Mailing Address 10620 Prairie Ln.

City State Zip Code
Hanover MN 55341

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

Name of Employer Occupation
Information Requested Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 70711.C44746

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Laura Miles

Mailing Address 3790 Northome Rd

City State Zip Code
Deephaven MN 55391

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 70711.C44747

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Kathryn Mitchell

Mailing Address 4831 Sheridan Avenue South

City State Zip Code
Minneapolis MN 55410

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

Name of Employer Information Requested Occupation
Russell Reynolds Associates Managing Director

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: 70712.C44977

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Kathryn Mitchell

Mailing Address 4831 Sheridan Avenue South

City State Zip Code
Minneapolis MN 55410

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

Name of Employer Information Requested Occupation
Russell Reynolds Associates Managing Director

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

4600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: 70712.C44978

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Jane Mooty		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 8106 Highwood Drive Y232		Transaction ID: 70712.C45008
City State Zip Code Bloomington MN 55438		Amount of Each Receipt this Period 2300.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) B. Jane Mooty		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 8106 Highwood Drive Y232		Transaction ID: 70712.C45007
City State Zip Code Bloomington MN 55438		Amount of Each Receipt this Period 2300.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Election Cycle-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) C. John Mooty		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 8106 Highwood Drive Y232		Transaction ID: 70712.C45006
City State Zip Code Bloomington MN 55438		Amount of Each Receipt this Period 2300.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lawyer Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional) ▶	6900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 124
	(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

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
John Mooty

Mailing Address 8106 Highwood Drive
Y232

City State Zip Code
Bloomington MN 55438

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

Name of Employer Gray, Plant, Mooty Occupation Lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70712.C45005

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 180 Bank St SE

City State Zip Code
Minneapolis MN 55414

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

Name of Employer Winmark Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 70712.C45025

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 180 Bank St SE

City State Zip Code
Minneapolis MN 55414

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

Name of Employer Winmark Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 70712.C45026

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	6900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Judd Mowry

Mailing Address 445 Lakeview Avenue

City State Zip Code
Tonka Bay MN 55331

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70711.C44692

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Richard Neville

Mailing Address 11742 Mount Curve Rd

City State Zip Code
Eden Prairie MN 55347

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

Name of Employer Western Petroleum Occupation
President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70711.C44694

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Phillips Peter

Mailing Address 10805 Tara Road

City State Zip Code
Potomac MD 20854

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

Name of Employer Rees Smith Occupation
Lawyer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70711.C44832

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. 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 Sargent Management Company
Occupation Retired Investment Advisor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2007

Transaction ID: 70711.C44833

Amount of Each Receipt this Period
500.00

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

B. 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 Sargent Management Company
Occupation Retired Investment Advisor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70711.C44868

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Christopher Pohlad

Mailing Address 4801 Bywood West

City State Zip Code
Edina MN 55436

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

Name of Employer Information Requested
Occupation Recent College Graduate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: 70712.C44983

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Christopher Pohlad

Mailing Address 4801 Bywood West

City Edina State MN Zip Code 55436

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

Name of Employer Information Requested Occupation Recent College Graduate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
06 / 30 / 2007

Transaction ID: 70712.C44984

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 1025 Northwest Couch #1115

City Portland State OR Zip Code 97209

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

Name of Employer Information Requested Occupation Recent College Graduate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
06 / 30 / 2007

Transaction ID: 70712.C44981

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Joseph Pohlad

Mailing Address 1025 Northwest Couch #1115

City Portland State OR Zip Code 97209

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

Name of Employer Information Requested Occupation Recent College Graduate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
06 / 30 / 2007

Transaction ID: 70712.C44982

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **6900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Rebecca Pohlad

Mailing Address 4801 Bywood Street West

City Edina State MN Zip Code 55436

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

Name of Employer Information Requested Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 70713.C45030

Amount of Each Receipt this Period
 2300.00

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

B. Full Name (Last, First, Middle Initial)
Rebecca Pohlad

Mailing Address 4801 Bywood Street West

City Edina State MN Zip Code 55436

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

Name of Employer Information Requested Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 70713.C45029

Amount of Each Receipt this Period
 2300.00

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

C. Full Name (Last, First, Middle Initial)
Robert Pohlad

Mailing Address 4801 Bywood West

City Edina State MN Zip Code 55436

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

Name of Employer Information Requested Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 70713.C45031

Amount of Each Receipt this Period
 2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Robert Pohlrad

Mailing Address 4801 Bywood West

City Edina State MN Zip Code 55436

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

Name of Employer Pepsi Americas Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
06 / 29 / 2007

Transaction ID: 70713.C45032

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 1927 North Sedgwick Apt. F

City Chicago State IL Zip Code 60614

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

Name of Employer Northmarq Captial Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
06 / 30 / 2007

Transaction ID: 70712.C44980

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 1927 North Sedgwick Apt. F

City Chicago State IL Zip Code 60614

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

Name of Employer Northmarq Captial Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
06 / 30 / 2007

Transaction ID: 70712.C44979

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **6900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Marvin Ramstad

Mailing Address 930 Brockton Ln N

City State Zip Code
Plymouth MN 55447

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2300.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70712.C45010

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Marvin Ramstad

Mailing Address 930 Brockton Ln N

City State Zip Code
Plymouth MN 55447

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

4600.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70712.C45009

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 3940 Walden Shores Rd

City State Zip Code
Deephaven MN 55391

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

Name of Employer Information Requested Occupation
Self Employed Real Estate Investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44695

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 5100.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Lawrence Redmond

Mailing Address 1920 South 1ST Street

City State Zip Code
Minneapolis MN 55404

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

Name of Employer
Redmond Associates, Inc.

Occupation
Public Affairs Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: 70711.C44850

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Laura Saliterman

Mailing Address 11911 Live Oak Dr

City State Zip Code
Minnetonka MN 55305

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

Name of Employer
South Lake Pediatrics

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70711.C44786

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Micheal Schindler

Mailing Address 5890 Kirkwood Ln N

City State Zip Code
Plymouth MN 55442

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

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44718

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
William Schneider

Mailing Address 465 Hunter Pass

City State Zip Code
Orono MN 55391

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

Name of Employer Occupation
Schneider Consulting Group Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44719

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Gerald Schwalbach

Mailing Address 601 Carlson Parkway Suite 350

City State Zip Code
Minnetonka MN 55305

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

Name of Employer Occupation
Superior Storage LLC Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 70711.C44750

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 330 Peavey Ln

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Learning Ventures, Inc. President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70711.C44804

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 124 (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)
Jim Ramstad Volunteer Committee

<p>A. Full Name (Last, First, Middle Initial) James Sieben</p> <p>Mailing Address 9349 Cortland Court</p> <p>City State Zip Code Woodbury MN 55125-9153</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Billing Systems, LLP Occupation: Attorney</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007</p> <p>Transaction ID: 70711.C44696</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Nils Snyder</p> <p>Mailing Address 5701 10th Ave S</p> <p>City State Zip Code Minneapolis MN 55417-1008</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: NAI Welsh Occupation: Senior Associate</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 25 / 2007</p> <p>Transaction ID: 70711.C44738</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Robert Soleim</p> <p>Mailing Address 715 Butternut Avenue</p> <p>City State Zip Code Saint Paul MN 55102-4103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Miller Johnson Steichen Kinnar Occupation: Investment Executive</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007</p> <p>Transaction ID: 70711.C44697</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Edson Spencer

Mailing Address 2209 Huntington Pt Rd E

City State Zip Code
Wayzata MN 55391

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

Name of Employer Affinity Capital Occupation Venture Capital

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2007

Transaction ID: 70711.C44787

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Edward Spencer

Mailing Address 728 Widstein Cir.

City State Zip Code
Wayzata MN 55391

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

Name of Employer Spencer & Associates Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2007

Transaction ID: 70711.C44788

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 1962 77th St. W

City State Zip Code
Inver Grove Height MN 55077

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

Name of Employer Project Consulting Group Occupation Founding Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2007

Transaction ID: 70711.C44720

Amount of Each Receipt this Period
250.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 124
	<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)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial) Robert Stein		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 2305 Byrnes Road		Transaction ID: 70711.C44789	
City State Zip Code Minnetonka MN 55305		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Call 4 Wireless President and CEO			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Rick Sterling		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 1300 Vine Pl		Transaction ID: 70711.C44698	
City State Zip Code Mound MN 55364		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation US Bancorp Investment Executive			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Robert Stimson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 7717 99th St Circle		Transaction ID: 70711.C44754	
City State Zip Code Bloomington MN 55438		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Wave Box Vice President Sales			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Ruth Ann Stricker

Mailing Address 18125 Shavers Lane

City State Zip Code
Deephaven MN 55391

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

Name of Employer The Marsh Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70712.C44993

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Ruth Ann Stricker

Mailing Address 18125 Shavers Lane

City State Zip Code
Deephaven MN 55391

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

Name of Employer The Marsh Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70712.C44994

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Brian Sullivan

Mailing Address 2400 Bantle Farm Rd

City State Zip Code
Hamel MN 55340-9340

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

Name of Employer Sterilmed, Inc. Occupation President & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70711.C44869

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Teresa Tembreull

Mailing Address 3605 Zanaibar Lane North

City State Zip Code
Minneapolis MN 55446-2686

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

Name of Employer
First National Bank

Occupation
Senior Vice President

Receipt For: 2008
 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 0 7

Transaction ID: 70711.C44962

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Richard Thompkins

Mailing Address 3450 Heritage Dr, Apt. 406

City State Zip Code
Edina MN 55435

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

Name of Employer Information Requested

Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: 70711.C44771

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Frank Trestman

Mailing Address 11629 Cedar Pass

City State Zip Code
Minnetonka MN 55305-2971

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

Name of Employer
Trestman Enterprises

Occupation
Owner

Receipt For: 2008
 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 5 / 2 0 0 7

Transaction ID: 70711.C44835

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Terrence Troy

Mailing Address Real Estate Equities
345 St. Peter St Suite 1600

City State Zip Code
Saint Paul MN 55102-1401

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

Name of Employer Real Estate Equities Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: 70711.C44721

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Jim Ulland

Mailing Address 1600 W. 22nd St.

City State Zip Code
Minneapolis MN 55405

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

Name of Employer Ulland Investments Occupation Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2007

Transaction ID: 70711.C44740

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Morrie Wagener

Mailing Address 12520 Wayzata Boulevard

City State Zip Code
Minnetonka MN 55305

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

Name of Employer Morries Automotive Group Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70711.C44790

Amount of Each Receipt this Period
2300.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
F. T. Weyerhaeuser

Mailing Address 610 Wentworth Avenue West

City State Zip Code
St. Paul MN 55118

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 22 / 2007

Transaction ID: 70711.C44937

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Wheelock Whitney

Mailing Address 7075 Highway 12

City State Zip Code
Maple Plain MN 55359

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

Name of Employer Whitney Investment Occupation
Investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70711.C44872

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Ronald Zenk

Mailing Address 5720 Merry Lane

City State Zip Code
Shorewood MN 55331

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

Name of Employer Humanetics Corporation Occupation
President & CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 10 / 2007

Transaction ID: 70712.C44976

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	188699.91

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 124
	<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)
Jim Ramstad Volunteer Committee

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

Mailing Address Johnathon Topadas
151 Farmington Ave RW 61

City State Zip Code
Hartford CT 06156

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2007

Transaction ID: 70711.C44722

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Air Line Pilots Association Pac

Mailing Address Jerry Baker
1625 Massachusetts Avenue NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
Secretary-Treasurer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: 70711.C44852

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Amer Chiropractic Assoc Pac

Mailing Address Joe Martin
1701 Clarendon Boulevard

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2007

Transaction ID: 70711.C44699

Amount of Each Receipt this Period
500.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 124
	<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)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
American Academy of Physician Assistants

Mailing Address Susan B. Golanski
Political Action Committee

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Transaction ID: 70711.C44760

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
American Chiropractic Association PAC

Mailing Address Steve LaPierre
1701 Clarendon Boulevard

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2008
 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 2 / 2 0 0 7

Transaction ID: 70711.C44814

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American College of Cardiology

Mailing Address Richard Goldberg
Political Action Committee

City Washington State DC Zip Code 20037

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: 70711.C44772

Amount of Each Receipt this Period
1000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 124
	<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)
Jim Ramstad Volunteer Committee

A. American Council Of Life Insurers Pac

Full Name (Last, First, Middle Initial)
Mailing Address Donald L. Walker
101 Constitution Ave., NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: 70711.C44773

Amount of Each Receipt this Period
1000.00

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

B. American Dental PAC

Full Name (Last, First, Middle Initial)
Mailing Address Michael Graham
1111 - 14th Street NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 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 5 / 2 0 0 7

Transaction ID: 70711.C44836

Amount of Each Receipt this Period
1000.00

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

C. American Health Care Association

Full Name (Last, First, Middle Initial)
Mailing Address Political Action Committee
1201 L. Street NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Transaction ID: 70711.C44761

Amount of Each Receipt this Period
1000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 124
	<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)
Jim Ramstad Volunteer Committee

A. American Health Care Association

Full Name (Last, First, Middle Initial)
Mailing Address Political Action Committee
1201 L. Street NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70711.C44837

Amount of Each Receipt this Period
1000.00

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

B. American Hospital Association

Full Name (Last, First, Middle Initial)
Mailing Address Patti Roberts Goldman
325 - 7TH Street NW

City Washington State DC Zip Code 20004-2802

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

Name of Employer Occupation

Receipt For: 2008
 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 2 / 2 0 0 7

Transaction ID: 70711.C44815

Amount of Each Receipt this Period
1000.00

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

C. American Nurses Association PAC

Full Name (Last, First, Middle Initial)
Mailing Address Kimberly Zimmerman
8515 Georgia Ave.

City Silver Spring State MD Zip Code 20910

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

Name of Employer Occupation

Receipt For: 2008
 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 2 / 2 0 0 7

Transaction ID: 70711.C44816

Amount of Each Receipt this Period
1000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 124
	<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)
Jim Ramstad Volunteer Committee

A. American Psychiatric Association PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1000 Wilson Blvd., #1825

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2008
 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 2 / 2 0 0 7

Transaction ID: 70711.C44939

Amount of Each Receipt this Period
2500.00

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

B. American Surgical Hospital Assn. PAC

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 23220

City San Diego State CA Zip Code 92193

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70711.C44931

Amount of Each Receipt this Period
1000.00

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

C. Ameriprise Financial

Full Name (Last, First, Middle Initial)
Mailing Address Denise Ferguson
101 Constitution Ave. NW Suite 816

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008
 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 4 / 2 0 0 7

Transaction ID: 70711.C44756

Amount of Each Receipt this Period
1000.00

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

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 124
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

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

Mailing Address Amer Society Of Consultant Pharmac
Michael Roybal

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	1	/	2	0	0	7

Transaction ID: 70711.C44791

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Astro-pac

Mailing Address 12500 Fair Lakes Cir
Suite 375

City State Zip Code
Fairfax VA 22033

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	1	/	2	0	0	7

Transaction ID: 70711.C44794

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
AT&T Political Action Committee

Mailing Address Patricia J. Calvin
175 E. Houston, RM. 7-A-50

City State Zip Code
San Antonio TX 78205

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

Name of Employer Occupation

Receipt For: 2008
 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	0	7

Transaction ID: 70711.C44880

Amount of Each Receipt this Period
1000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 124
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Boeing Political Action Committee

Mailing Address Maria S. Little
1200 Wilson Boulevard

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C44853

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
BRACE PAC

Mailing Address 2000 K Street NW
Suite 500

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70711.C44724

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Build Pac

Mailing Address National Association of Home Build
1201 - 15th Street NW

City Washington State DC Zip Code 20005-2800

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

Name of Employer Occupation

Receipt For: 2008
 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 5 / 2 0 0 7

Transaction ID: 70711.C44841

Amount of Each Receipt this Period
1000.00

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

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 124
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Build Pac

Mailing Address National Association of Home Build
1201 - 15th Street NW

City Washington State DC Zip Code 20005-2800

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	7

Transaction ID: 70711.C44842

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Burson-Marsteller Young & Rebuicam Pac

Mailing Address 1801 K Street NW
Suite 901 L

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	0	7

Transaction ID: 70711.C44817

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Cigna Corporation PAC

Mailing Address Art Lifson
1650 Market Street

City Philadelphia State PA Zip Code 19192-1570

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	7

Transaction ID: 70711.C44881

Amount of Each Receipt this Period
1000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 124
	<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)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Council Of Insurance Agents & Brokers

Mailing Address 701 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2007

Transaction ID: 70711.C44701

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council

Mailing Address Patricia Sowick
601 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 20 / 2007

Transaction ID: 70711.C44758

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Eastman Kodak Company Employee PAC

Mailing Address 343 State Street

City Rochester State NY Zip Code 14650-0516

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 26 / 2007

Transaction ID: 70711.C44806

Amount of Each Receipt this Period
1000.00

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

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 124
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Firemans Fund Insurance Co. Employees

Mailing Address Committee for Responsible Govt -F
1101 Connecticut Avenue NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
Sr. Vice President - Govt Aff

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 22 / 2007

Transaction ID: 70711.C44938

Amount of Each Receipt this Period
500.00

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

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

Mailing Address Scott Lindquist
6620 W. Broad St

City State Zip Code
Richmond VA 23230

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 11 / 2007

Transaction ID: 70711.C44755

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Genworth Financial Inc. PAC

Mailing Address Scott Lindquist
6620 W. Broad St

City State Zip Code
Richmond VA 23230

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2007

Transaction ID: 70711.C44792

Amount of Each Receipt this Period
2000.00

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

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 124
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
HOMECARE and HOSPICE PAC

Mailing Address 519 C St. NE

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation

Receipt For: 2008
 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 2 / 2 0 0 7

Transaction ID: 70711.C44820

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
HUPAC

Mailing Address Natl Assoc of Health Underwriters
2000 North 14th Street

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation

Receipt For: 2008
 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 2 / 2 0 0 7

Transaction ID: 70711.C44821

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
ING US Pac

Mailing Address Kevin P. Brown
151 Farmington Avenue

City State Zip Code
Hartford CT 06156

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 5 / 2 0 0 7

Transaction ID: 70711.C44766

Amount of Each Receipt this Period
1000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 124
	<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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. International Assoc. of Fire Fighters		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address Sean O'Neil 1750 New York Avenue NW		Transaction ID: 70711.C44767
City State Zip Code Washington DC 20006-5395	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director, Government Affairs Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. International Assoc. of Fire Fighters		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address Sean O'Neil 1750 New York Avenue NW		Transaction ID: 70711.C44843
City State Zip Code Washington DC 20006-5395	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director, Government Affairs Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Investment Management PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address IMPAC Michael Stern		Transaction ID: 70711.C44854
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 124
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
John Deere Political Action Committee

Mailing Address One John Deere Place

City State Zip Code
Moline IL 61265

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 25 / 2007

Transaction ID: 70711.C44840

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Kari A Ament

Mailing Address 3675 Jacobs Mill Rd.

City State Zip Code
Orono MN 55356

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 01 / 2007

Transaction ID: 70711.C44704

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Land OLakes PAC

Mailing Address Steven Krikava
P. O. Box 64101

City State Zip Code
Saint Paul MN 55164

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 29 / 2007

Transaction ID: 70711.C44873

Amount of Each Receipt this Period
2500.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 124
	<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)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
League of Conservation Voters Inc. PAC

Mailing Address Betsy Loyless
1920 L. Street Northwest

City Washington State DC Zip Code 20036-4201

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: 70711.C44874

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Lockridge Grindal Nauen Political Fund

Mailing Address Dennis M. McGrann
100 Washington Avenue South

City Minneapolis State MN Zip Code 55401

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 7

Transaction ID: 70711.C44819

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Medtronic Inc. Medical Technology Fund

Mailing Address 1420 New York Avenue, NW
Suite 600

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C44879

Amount of Each Receipt this Period
1000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 124 (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)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial) Mutual Of Omaha Companies Pac Mailing Address Multicandidate Political Committee Mutual of Omaha Plaza City Omaha State NE Zip Code 68175 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%;"> <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>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70711.C44757 Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	7		2	0	0	7													
1000.00																						
Name of Employer _____ Occupation _____ Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table>	1000.00																				
1000.00																						

B. Full Name (Last, First, Middle Initial) NAADAC PAC Mailing Address 901 N. Washington St., Suite 600 City Alexandria State VA Zip Code 22314 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%;"> <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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70711.C44818 Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	2		2	0	0	7													
1000.00																						
Name of Employer _____ Occupation _____ Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table>	1000.00																				
1000.00																						

C. Full Name (Last, First, Middle Initial) NAIFA Mailing Address Natl. Assoc. of Ins. and Financia David A. Winston City Falls Church State VA Zip Code 22042 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%;"> <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>0</td><td>7</td> </tr> </table> Transaction ID: 70711.C44932 Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">2500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	7	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	5		2	0	0	7													
2500.00																						
Name of Employer _____ Occupation _____ Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">2500.00</td> </tr> </table>	2500.00																				
2500.00																						

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">4500.00</td> </tr> </table>	4500.00
4500.00		
TOTAL This Period (last page this line number only) ▶	<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;"> </td> </tr> </table>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 124
	<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

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)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
National Community Pharmacists Assn.

Mailing Address 100 Daingerfield Rd.

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008
 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 2 / 2 0 0 7

Transaction ID: 70711.C44822

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Venture Capital Association Pac

Mailing Address Mark G. Hessen
1655 North Ft Myer Dr.

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation
Director, Leg. Regulatory & En

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 7

Transaction ID: 70711.C44793

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
Natl Fed of Independent Business

Mailing Address Tammy Boehms
1201 F Street NW

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 7

Transaction ID: 70711.C44703

Amount of Each Receipt this Period
1000.00

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

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 124
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
NEMPAC

Mailing Address PO Box 619911

City State Zip Code
Dallas TX 75261-9911

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
06 / 15 / 2007

Transaction ID: 70711.C44774

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Neurosurgery PAC

Mailing Address 5550 Meadowbrook Ct.

City State Zip Code
Rolling Meadows IL 60008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
06 / 25 / 2007

Transaction ID: 70711.C44933

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
New York Life Insurance Company

Mailing Address Ron Lefrancois
1001 Pennsylvania Avenue NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
04 / 20 / 2007

Transaction ID: 70711.C44759

Amount of Each Receipt this Period
2000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 124
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. New York Life Insurance Company		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address Ron Lefrancois 1001 Pennsylvania Avenue NW		Transaction ID: 70711.C44935
City Washington State DC Zip Code 20004		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5500.00	

Full Name (Last, First, Middle Initial) B. New York Life Insurance Company		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address Ron Lefrancois 1001 Pennsylvania Avenue NW		Transaction ID: 70711.C44934
City Washington State DC Zip Code 20004		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6500.00	

Full Name (Last, First, Middle Initial) C. NRLCA Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1630 Duke Street 2nd Floor		Transaction ID: 70711.C44702
City Alexandria State VA Zip Code 22314-3465		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 124
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
OB-GYNS for Womens Health PAC

Mailing Address P.O. Box 23498

City State Zip Code
Washington DC 20026-3498

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
06 / 29 / 2007

Transaction ID: 70711.C44906

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Orthopaedic PAC

Mailing Address Allen Edmonson
317 Massachusetts Avenue NE

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
06 / 29 / 2007

Transaction ID: 70711.C44875

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Parsons Corp PAC

Mailing Address Larry Shockley
1133 15th Street NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
06 / 22 / 2007

Transaction ID: 70711.C44940

Amount of Each Receipt this Period
1000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 124
	<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)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial) Physical Therapy Pac Mailing Address Mark Dion 1111 North Fairfax Street City State Zip Code Alexandria VA 22314 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7 Transaction ID: 70711.C44855 Amount of Each Receipt this Period 2500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		

B. Full Name (Last, First, Middle Initial) Podiatry PAC Mailing Address Am. Podiatric Medical Assn. PAC 9312 Old Georgetown Road City State Zip Code Bethesda MD 20814 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7 Transaction ID: 70711.C44683 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Prudential PAC Mailing Address 751 Broad Street City State Zip Code Newark NJ 07102 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7 Transaction ID: 70711.C44856 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 124
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Republican Majority for Choice

Mailing Address Ann E. W. Stone
2760 Eisenhower Avenue

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2007

Transaction ID: 70711.C44838

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Safari Club International Pac

Mailing Address Kenneth A. James
4800 W. Gates Pass Rd

City State Zip Code
Tucson AZ 85745

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2007

Transaction ID: 70711.C44795

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
Seniors Housing PAC

Mailing Address David Schless
5100 Wisconsin Ave NW

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2007

Transaction ID: 70711.C44700

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 78 / 124
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Society For Vascular Surg - PAC

Mailing Address 633 N St. Clair Street, 24th Floor

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 29 / 2007

Transaction ID: 70711.C44877

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Society Of Independent Gasoline

Mailing Address Marketers of America PAC
11495 Sunset Hills Road

City State Zip Code
Reston VA 20190

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

Name of Employer Occupation
Treasurer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 15 / 2007

Transaction ID: 70711.C44775

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
The ESOP Association PAC

Mailing Address 1726 M Street, NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 25 / 2007

Transaction ID: 70711.C44741

Amount of Each Receipt this Period
1000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 124
	<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)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
The Travelers Companies, Inc. PAC

Mailing Address One Tower Square

City State Zip Code
Hartford CT 06183

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2007

Transaction ID: 70711.C44941

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Triad Good Government Fund

Mailing Address 5800 Tennyson Parkway

City State Zip Code
Plano TX 75024

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70711.C44796

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Tuesday Group Political Action Committee

Mailing Address P.O. Box 40385

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: 70711.C44905

Amount of Each Receipt this Period
2000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 124
	<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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Union Pacific		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address Fund for Effective Government Katie W. Maness		Transaction ID: 70711.C44839	
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Political Director	Election Cycle-to-Date 2008.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Weyerhaeuser PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address PO Box 9777 CH1M31		Transaction ID: 70711.C44878	
City Federal Way State WA Zip Code 98063	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. XCEL Energy Employee Political Action		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 1225 - 17th St., Ste. 1200		Transaction ID: 70711.C44851	
City Denver State CO Zip Code 80202-5503	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 2000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	92250.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 124
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
James Ramstad

Mailing Address 2618 Crosby Road

City State Zip Code
Wayzata MN 55391

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

Name of Employer U.S. House of Representatives
Occupation Member of Congress

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 70712.C45027

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 2618 Crosby Road

City State Zip Code
Wayzata MN 55391

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

Name of Employer U.S. House of Representatives
Occupation Member of Congress

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 70712.C45028

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4600.00
TOTAL This Period (last page this line number only)	▶	4600.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 124
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial)
DC Treasurer

Mailing Address 941 North Capitol Street NE

City State Zip Code
Washington DC 20002-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2007

Transaction ID: 70711.C44915

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Strategic Media Services, Inc.

Mailing Address 1023 31st Street, NW
4th Floor

City State Zip Code
Washington DC 20007-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2673.68

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2007

Transaction ID: 70711.C44914

Amount of Each Receipt this Period
2673.68

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

SUBTOTAL of Receipts This Page (optional)	3673.68
TOTAL This Period (last page this line number only)	3673.68

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 83 / 124	
	(check only one)			
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Jim Ramstad Volunteer Committee
--

Full Name (Last, First, Middle Initial) Cd Interest	
Mailing Address Anchor Bank 1053 East Wayzata Boulevard	
City Wayzata	State Zip Code MN 55391-
FEC ID number of contributing federal political committee.	C
Name of Employer	Occupation
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6541.77

Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007
Transaction ID: 70711.C44885
Amount of Each Receipt this Period 2989.49
Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2989.49
TOTAL This Period (last page this line number only)	▶	2989.49

**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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Adath Jeshurun Congregation		Transaction ID: 70711.E6415 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 10500 hillside Lane West		Amount of Each Disbursement this Period 260.00
City Minnetonka State MN Zip Code 55305-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING	Candidate Name	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Allegra Printing & Imaging		Transaction ID: 70711.E6374 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 2340 Niagara Lane		Amount of Each Disbursement this Period 223.65
City Plymouth State MN Zip Code 55447-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Allegra Printing & Imaging		Transaction ID: 70711.E6375 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 2340 Niagara Lane		Amount of Each Disbursement this Period 527.18
City Plymouth State MN Zip Code 55447-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1010.83
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Allegra Printing & Imaging		Transaction ID: 70711.E6376	
Mailing Address 2340 Niagara Lane		Date of Disbursement MM / DD / YYYY 05 / 10 / 2007	
City Plymouth	State MN	Zip Code 55447-	Amount of Each Disbursement this Period 51.19
Purpose of Disbursement PRINTING	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PRINTING
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) B. Allegra Printing & Imaging		Transaction ID: 70711.E6377	
Mailing Address 2340 Niagara Lane		Date of Disbursement MM / DD / YYYY 06 / 20 / 2007	
City Plymouth	State MN	Zip Code 55447-	Amount of Each Disbursement this Period 175.97
Purpose of Disbursement PRINTING	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PRINTING
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) C. American Legion Post #550		Transaction ID: 70711.E6393	
Mailing Address 1703 Selby Ave.		Date of Disbursement MM / DD / YYYY 05 / 16 / 2007	
City Saint Paul	State MN	Zip Code 55104-	Amount of Each Disbursement this Period 140.00
Purpose of Disbursement ADVERTISING	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ADVERTISING
State: District:	Category/ Type		

SUBTOTAL of Disbursements This Page (optional)	367.16
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. American Legion Post #550		Transaction ID: 70711.E6399 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 1703 Selby Ave.		Amount of Each Disbursement this Period 145.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Paul State MN Zip Code 55104-	ADVERTISING	
Purpose of Disbursement ADVERTISING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Andon Balloons Inc.		Transaction ID: 70711.E6400 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 1230 East 66th Street		Amount of Each Disbursement this Period 32.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richfield State MN Zip Code 55423-	PARADE SUPPLIES	
Purpose of Disbursement PARADE SUPPLIES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Andon Balloons Inc.		Transaction ID: 70711.E6401 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1230 East 66th Street		Amount of Each Disbursement this Period 73.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richfield State MN Zip Code 55423-	PARADE SUPPLIES	
Purpose of Disbursement PARADE SUPPLIES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	250.59
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Auto Owners Insurance		Transaction ID: 70711.E6383 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address 1000 Boone Ave. N.		Amount of Each Disbursement this Period 77.16	
City Minneapolis State MN Zip Code 55426-	Purpose of Disbursement INSURANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type INSURANCE	

Full Name (Last, First, Middle Initial) B. Auto Owners Insurance		Transaction ID: 70711.E6397 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 1000 Boone Ave. N.		Amount of Each Disbursement this Period 365.83	
City Minneapolis State MN Zip Code 55426-	Purpose of Disbursement INSURANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type INSURANCE	

Full Name (Last, First, Middle Initial) C. Berkely Risk Administrators		Transaction ID: 70711.E6408 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address Company, LLC PO Box 59143		Amount of Each Disbursement this Period 253.00	
City Minneapolis State MN Zip Code 55459-0143	Purpose of Disbursement WORKMANS COMP INSURANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type WORKMANS COMP INSURANCE	

SUBTOTAL of Disbursements This Page (optional) ▶	695.99
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Berkely Risk Administrators		Transaction ID: 70711.E6409 Date of Disbursement MM / DD / YYYY 04 / 11 / 2007
Mailing Address Company, LLC PO Box 59143		Amount of Each Disbursement this Period 511.00
City Minneapolis	State MN	
Zip Code 55459-0143		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WORKMANS COMP INSURANCE
Purpose of Disbursement WORKMANS COMP INSURANCE		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Blue Cross Blue Shield		Transaction ID: 70711.E6386 Date of Disbursement MM / DD / YYYY 05 / 10 / 2007
Mailing Address Blue Cross Blue Shield 3535 Blue Cross Road		Amount of Each Disbursement this Period 1831.50
City Saint Paul	State MN	
Zip Code 55122-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 HEALTH INSURANCE
Purpose of Disbursement HEALTH INSURANCE		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Blue Cross Blue Shield		Transaction ID: 70711.E6387 Date of Disbursement MM / DD / YYYY 06 / 20 / 2007
Mailing Address Blue Cross Blue Shield 3535 Blue Cross Road		Amount of Each Disbursement this Period 3260.00
City Saint Paul	State MN	
Zip Code 55122-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 HELATH INSURANCE
Purpose of Disbursement HELATH INSURANCE		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5602.50
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)

<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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Campaigns and Elections		Transaction ID: 70711.E6373 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1655 North Fort Myer Dr. Suite 825		Amount of Each Disbursement this Period 79.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22209-	Purpose of Disbursement SUBSCRIPTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUBSCRIPTION

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: 70711.E6384 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 300 - 1ST Street S. E.		Amount of Each Disbursement this Period 2402.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement FOOD AND BEVERAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD AND BEVERAGE

Full Name (Last, First, Middle Initial) C. Capitol Hill Club		Transaction ID: 70711.E6465 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 300 - 1ST Street S. E.		Amount of Each Disbursement this Period 1681.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement FOOD AND BEVERAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD AND BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶	4164.26
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 70711.E6344 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 8220		Amount of Each Disbursement this Period 98.96
City Fox Valley State IL Zip Code 60572-8220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR PHONE	Candidate Name	CELLULAR PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 70711.E6345 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address P.O. Box 8220		Amount of Each Disbursement this Period 227.23
City Fox Valley State IL Zip Code 60572-8220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR PHONE	Candidate Name	CELLULAR PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 70711.E6346 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 8220		Amount of Each Disbursement this Period 155.69
City Fox Valley State IL Zip Code 60572-8220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR PHONE	Candidate Name	CELLULAR PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	481.88
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 70711.E6347 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address P.O. Box 8220		Amount of Each Disbursement this Period 29.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fox Valley State IL Zip Code 60572-8220	Purpose of Disbursement CELLULAR PHONE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELLULAR PHONE

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 70711.E6348 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 8220		Amount of Each Disbursement this Period 258.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fox Valley State IL Zip Code 60572-8220	Purpose of Disbursement CELLULAR PHONE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELLULAR PHONE

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 70711.E6349 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 8220		Amount of Each Disbursement this Period 178.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fox Valley State IL Zip Code 60572-8220	Purpose of Disbursement CELLULAR PHONE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELLULAR PHONE

SUBTOTAL of Disbursements This Page (optional) ▶	466.10
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Comcast Cable		Transaction ID: 70711.E6354 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 801 Plymouth Ave. N.		Amount of Each Disbursement this Period 151.99
City Minneapolis State MN Zip Code 55411-4233	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE AND INTERNET	Candidate Name	CABLE AND INTERNET
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Comcast Cable		Transaction ID: 70711.E6355 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 801 Plymouth Ave. N.		Amount of Each Disbursement this Period 151.99
City Minneapolis State MN Zip Code 55411-4233	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE AND INTERNET	Candidate Name	CABLE AND INTERNET
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Comcast Cable		Transaction ID: 70711.E6356 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 801 Plymouth Ave. N.		Amount of Each Disbursement this Period 151.99
City Minneapolis State MN Zip Code 55411-4233	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE AND INTERNET	Candidate Name	CABLE AND INTERNET
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	455.97
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Comcast Cable		Transaction ID: 70711.E6357 Date of Disbursement
Mailing Address 801 Plymouth Ave. N.		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Minneapolis	State MN	Zip Code 55411-4233
Purpose of Disbursement CABLE AND INTERNET	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="151.99"/>
Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CABLE AND INTERNET
State: District:		

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: 70711.E6358 Date of Disbursement
Mailing Address P.O. Box 1140		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
City Memphis	State TN	Zip Code 38101-
Purpose of Disbursement MAILING SERVICES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="211.13"/>
Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MAILING SERVICES
State: District:		

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: 70711.E6359 Date of Disbursement
Mailing Address P.O. Box 1140		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
City Memphis	State TN	Zip Code 38101-
Purpose of Disbursement MAILING SERVICES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="64.02"/>
Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MAILING SERVICES
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="427.14"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: 70711.E6360 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 53.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-	Purpose of Disbursement MAILING SERVICES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MAILING SERVICES

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: 70711.E6361 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 175.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-	Purpose of Disbursement MAILING SERVICES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MAILING SERVICES

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: 70711.E6362 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 49.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-	Purpose of Disbursement MAILING SERVICES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MAILING SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶	278.63
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

A. James Fragola Full Name (Last, First, Middle Initial) Mailing Address 5690 Merry Lane City Excelsior State MN Zip Code 55331-3321 Purpose of Disbursement FOOD AND BEVERAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70711.C44831IK Date of Disbursement 06 / 25 / 2007 Amount of Each Disbursement this Period 2217.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND: FOOD AND BEVERAGE
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B. Fraternal Order Of Police Full Name (Last, First, Middle Initial) Mailing Address 1111 3RD Avenue South City Minneapolis State MN Zip Code 55404- Purpose of Disbursement ADVERTISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70711.E6380 Date of Disbursement 04 / 04 / 2007 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
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C. Ikon Office Solutions Full Name (Last, First, Middle Initial) Mailing Address M2740 West 80th Street City Bloomington State MN Zip Code 55431- Purpose of Disbursement COPIER SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70711.E6370 Date of Disbursement 04 / 04 / 2007 Amount of Each Disbursement this Period 198.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COPIER SERVICE
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SUBTOTAL of Disbursements This Page (optional) ▶	2666.63
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Ikon Office Solutions		Transaction ID: 70711.E6371 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address M2740 West 80th Street		Amount of Each Disbursement this Period 742.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bloomington State MN Zip Code 55431-	Category/Type	
Purpose of Disbursement COPIER SERVICE		COPIER SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Interfaith Outreach Community Partnership		Transaction ID: 70711.E6392 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 110 Grand Avenue South		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wayzata State MN Zip Code 55391-	Category/Type	
Purpose of Disbursement TICKETS		TICKETS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lurie Besikof & Lapidus		Transaction ID: 70711.E6366 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 2501 Wayzata Boulevard		Amount of Each Disbursement this Period 1900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55405-	Category/Type	
Purpose of Disbursement ACCOUNTING SERVICES		ACCOUNTING SERVICES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2792.15
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Lurie Besikof & Lapidus		Transaction ID: 70711.E6367 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 2501 Wayzata Boulevard		Amount of Each Disbursement this Period 700.00
City Minneapolis State MN Zip Code 55405-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ACCOUNTING SERVICES Candidate Name		ACCOUNTING SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lurie Besikof & Lapidus		Transaction ID: 70711.E6368 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 2501 Wayzata Boulevard		Amount of Each Disbursement this Period 1250.00
City Minneapolis State MN Zip Code 55405-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ACCOUNTING SERVICES Candidate Name		ACCOUNTING SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lurie Besikof & Lapidus		Transaction ID: 70711.E6369 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 2501 Wayzata Boulevard		Amount of Each Disbursement this Period 2100.00
City Minneapolis State MN Zip Code 55405-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ACCOUNTING SERVICES Candidate Name		ACCOUNTING SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4050.00
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. John Magnuson		Transaction ID: 70711.E6410 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7	
Mailing Address 1325 Dunkirk Lane N		Amount of Each Disbursement this Period 1552.24	
City Plymouth State MN Zip Code 55447-	Purpose of Disbursement REIMBURSEMENT HEALTH INSURANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT HEALTH INSURANCE	

Full Name (Last, First, Middle Initial) B. John Magnuson		Transaction ID: 70711.E6411 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 1325 Dunkirk Lane N		Amount of Each Disbursement this Period 4893.87	
City Plymouth State MN Zip Code 55447-	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES	

Full Name (Last, First, Middle Initial) C. John Magnuson		Transaction ID: 70711.E6479 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 1325 Dunkirk Lane N		Amount of Each Disbursement this Period 154.91	
City Plymouth State MN Zip Code 55447-	Purpose of Disbursement REMIBURSEMENT - MONITOR OFFICE SUP	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REMIBURSEMENT - MONITOR OFFICE SUP	

SUBTOTAL of Disbursements This Page (optional) ▶	6601.02
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)
Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial) John Magnuson		Transaction ID: 70711.E6478 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 1325 Dunkirk Lane N		Amount of Each Disbursement this Period 160.29
City Plymouth State MN Zip Code 55447-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSMENTS FOOD AND BEVERAGE GR		REIMBURSMENTS FOOD AND BE- VERAGE GR
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) John Magnuson		Transaction ID: 70711.E6412 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1325 Dunkirk Lane N		Amount of Each Disbursement this Period 4893.87
City Plymouth State MN Zip Code 55447-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WAGES		WAGES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) John Magnuson		Transaction ID: 70711.E6413 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 1325 Dunkirk Lane N		Amount of Each Disbursement this Period 4893.87
City Plymouth State MN Zip Code 55447-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WAGES		WAGES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9948.03
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. McLeod USA		Transaction ID: 70711.E6363 Date of Disbursement 04 / 04 / 2007
Mailing Address Tech Park 6400 C. Street SW		Amount of Each Disbursement this Period 462.94
City Cedar Rapids State IA Zip Code 52406-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE SERVICE Candidate Name		TELEPHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. McLeod USA		Transaction ID: 70711.E6372 Date of Disbursement 04 / 25 / 2007
Mailing Address Tech Park 6400 C. Street SW		Amount of Each Disbursement this Period 470.21
City Cedar Rapids State IA Zip Code 52406-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE SERVICE Candidate Name		TELEPHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. McLeod USA		Transaction ID: 70711.E6364 Date of Disbursement 05 / 23 / 2007
Mailing Address Tech Park 6400 C. Street SW		Amount of Each Disbursement this Period 473.09
City Cedar Rapids State IA Zip Code 52406-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE SERVICE Candidate Name		TELEPHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1406.24
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)
Jim Ramstad Volunteer Committee

A. McLeod USA Full Name (Last, First, Middle Initial) Mailing Address Tech Park 6400 C. Street SW City Cedar Rapids State IA Zip Code 52406- Purpose of Disbursement TELEPHONE SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70711.E6365 Date of Disbursement 06 / 27 / 2007 Amount of Each Disbursement this Period 511.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE SERVICE
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B. Medina Entertainment Center Full Name (Last, First, Middle Initial) Mailing Address 500 Highway 55 City Hamel State MN Zip Code 55340- Purpose of Disbursement FOOD AND BEVERAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70711.E6385 Date of Disbursement 05 / 10 / 2007 Amount of Each Disbursement this Period 634.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FOOD AND BEVERAGE
---	--	--

C. Minneapolis Club Full Name (Last, First, Middle Initial) Mailing Address 729 - 2ND Avenue South City Minneapolis State MN Zip Code 55402- Purpose of Disbursement ROOM FOOD AND BEVERAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70711.E6402 Date of Disbursement 06 / 27 / 2007 Amount of Each Disbursement this Period 1487.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ROOM FOOD AND BEVERAGE
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SUBTOTAL of Disbursements This Page (optional) ▶	2633.07
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Minnesota Jaycees		Transaction ID: 70711.E6378 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 2101 West Highway 13		Amount of Each Disbursement this Period 140.00
City Burnsville State MN Zip Code 55337-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING	Candidate Name	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Minnesota Trooper		Transaction ID: 70711.E6379 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 722 West 66th Street, #308		Amount of Each Disbursement this Period 250.00
City Minneapolis State MN Zip Code 55402-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING	Candidate Name	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Morgan Meredith and Co.		Transaction ID: 70711.E6343 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address Morgan Meredith and Company. 4451 Brookfield Corporate Drive		Amount of Each Disbursement this Period 3476.41
City Chantilly State VA Zip Code 20151-1652	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING SERVICES	Candidate Name	FUNDRAISING SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3866.41
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Morgan Meredith and Co.		Transaction ID: 70711.E6388 Date of Disbursement 05 / 10 / 2007
Mailing Address Morgan Meredith and Company. 4451 Brookfield Corporate Drive		Amount of Each Disbursement this Period 3000.00
City Chantilly State VA Zip Code 20151-1652	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING SERVICES	Candidate Name	FUNDRAISING SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Morgan Meredith and Co.		Transaction ID: 70711.E6389 Date of Disbursement 06 / 07 / 2007
Mailing Address Morgan Meredith and Company. 4451 Brookfield Corporate Drive		Amount of Each Disbursement this Period 3713.98
City Chantilly State VA Zip Code 20151-1652	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING SERVICES	Candidate Name	FUNDRAISING SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: 70711.E6403 Date of Disbursement 06 / 27 / 2007
Mailing Address Office Depot 1105 Xenium Lane		Amount of Each Disbursement this Period 8.12
City Minneapolis State MN Zip Code 55441-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6722.10
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Pinnacle Direct		Transaction ID: 70711.E6390 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 15260 113th St. N.		Amount of Each Disbursement this Period 234.00
City Stillwater State MN Zip Code 55082-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING AND MAILING	Candidate Name	PRINTING AND MAILING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Pinnacle Direct		Transaction ID: 70711.E6391 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 15260 113th St. N.		Amount of Each Disbursement this Period 1496.98
City Stillwater State MN Zip Code 55082-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING AND MAILING	Candidate Name	PRINTING AND MAILING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: 70711.E6396 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address United States Postal Service 100 South 1st Street		Amount of Each Disbursement this Period 175.00
City Minneapolis State MN Zip Code 55401-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BUSINESS REPLY PERMIT	Candidate Name	BUSINESS REPLY PERMIT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1905.98
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Transaction ID: 70711.E6466 Date of Disbursement 04 / 03 / 2007
Mailing Address Wells Fargo Bank Building Sixth and Marquette		Amount of Each Disbursement this Period 5.95
City Minneapolis	State MN	
Zip Code 55401-	Purpose of Disbursement MERCHANT SERVICES FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MERCHANT SERVICES FEE
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Transaction ID: 70711.E6467 Date of Disbursement 04 / 11 / 2007
Mailing Address Wells Fargo Bank Building Sixth and Marquette		Amount of Each Disbursement this Period 5.00
City Minneapolis	State MN	
Zip Code 55401-	Purpose of Disbursement MERCHANT SERVICES FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MERCHANT SERVICES FEE
State: District:		

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Transaction ID: 70711.E6477 Date of Disbursement 04 / 30 / 2007
Mailing Address Wells Fargo Bank Building Sixth and Marquette		Amount of Each Disbursement this Period 11.00
City Minneapolis	State MN	
Zip Code 55401-	Purpose of Disbursement MN UNEMPLOYMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MN UNEMPLOYMENT
State: District:		

SUBTOTAL of Disbursements This Page (optional)	21.95
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Transaction ID: 70711.E6468 Date of Disbursement 05 / 03 / 2007
Mailing Address Wells Fargo Bank Building Sixth and Marquette		Amount of Each Disbursement this Period 5.95
City Minneapolis	State MN	
Zip Code 55401-	Purpose of Disbursement MERCHANT SERVICES FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MERCHANT SERVICES FEE
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Transaction ID: 70711.E6469 Date of Disbursement 05 / 10 / 2007
Mailing Address Wells Fargo Bank Building Sixth and Marquette		Amount of Each Disbursement this Period 5.00
City Minneapolis	State MN	
Zip Code 55401-	Purpose of Disbursement MERCHANT SERVICES FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MERCHANT SERVICES FEE
State: District:		

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Transaction ID: 70711.E6474 Date of Disbursement 05 / 15 / 2007
Mailing Address Wells Fargo Bank Building Sixth and Marquette		Amount of Each Disbursement this Period 274.00
City Minneapolis	State MN	
Zip Code 55401-	Purpose of Disbursement TAXES - FORM 941	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAXES - FORM 941
State: District:		

SUBTOTAL of Disbursements This Page (optional)	284.95
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Transaction ID: 70711.E6473 Date of Disbursement 05 / 15 / 2007
Mailing Address Wells Fargo Bank Building Sixth and Marquette		Amount of Each Disbursement this Period 1560.26
City Minneapolis	State MN	
Zip Code 55401-	Purpose of Disbursement TAXES - FORM 941	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAXES - FORM 941
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Transaction ID: 70711.E6470 Date of Disbursement 06 / 01 / 2007
Mailing Address Wells Fargo Bank Building Sixth and Marquette		Amount of Each Disbursement this Period 20.00
City Minneapolis	State MN	
Zip Code 55401-	Purpose of Disbursement MERCHANT SERVICES FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MERCHANT SERVICES FEE
State: District:		

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Transaction ID: 70711.E6471 Date of Disbursement 06 / 04 / 2007
Mailing Address Wells Fargo Bank Building Sixth and Marquette		Amount of Each Disbursement this Period 5.95
City Minneapolis	State MN	
Zip Code 55401-	Purpose of Disbursement MERCHANT SERVICES FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MERCHANT SERVICES FEE
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1586.21
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Transaction ID: 70711.E6472 Date of Disbursement 06 / 14 / 2007
Mailing Address Wells Fargo Bank Building Sixth and Marquette		Amount of Each Disbursement this Period 103.19
City Minneapolis	State MN	
Zip Code 55401-	Purpose of Disbursement CHECK REORDER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CHECK REORDER
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Transaction ID: 70711.E6475 Date of Disbursement 06 / 15 / 2007
Mailing Address Wells Fargo Bank Building Sixth and Marquette		Amount of Each Disbursement this Period 274.00
City Minneapolis	State MN	
Zip Code 55401-	Purpose of Disbursement TAXES - FORM 941	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAXES - FORM 941
State: District:		

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Transaction ID: 70711.E6476 Date of Disbursement 06 / 15 / 2007
Mailing Address Wells Fargo Bank Building Sixth and Marquette		Amount of Each Disbursement this Period 1560.26
City Minneapolis	State MN	
Zip Code 55401-	Purpose of Disbursement TAXES - FORM 941	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAXES - FORM 941
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1937.45
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Wells Fargo Properties		Transaction ID: 70711.E6350 Date of Disbursement
Mailing Address Wells Fargo Properties P.O. Box 7995		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
City Los Angeles	State CA	Zip Code 90088-7995
Purpose of Disbursement RENT	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value="2677.50"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo Properties		Transaction ID: 70711.E6351 Date of Disbursement
Mailing Address Wells Fargo Properties P.O. Box 7995		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
City Los Angeles	State CA	Zip Code 90088-7995
Purpose of Disbursement RENT	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value="2677.50"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT
State: District:		

Full Name (Last, First, Middle Initial) C. Wells Fargo Properties		Transaction ID: 70711.E6352 Date of Disbursement
Mailing Address Wells Fargo Properties P.O. Box 7995		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City Los Angeles	State CA	Zip Code 90088-7995
Purpose of Disbursement RENT	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value="2677.50"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8032.50"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Wells Fargo Properties		Transaction ID: 70711.E6353 Date of Disbursement 06 / 20 / 2007
Mailing Address Wells Fargo Properties P.O. Box 7995		Amount of Each Disbursement this Period 2677.50
City Los Angeles	State CA	
Zip Code 90088-7995	Purpose of Disbursement RENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo-Business Card		Transaction ID: 70711.E6417 Date of Disbursement 04 / 25 / 2007
Mailing Address Business Card PO Box 9272		Amount of Each Disbursement this Period 3497.58
City Des Moines	State IA	
Zip Code 50306-9272	Purpose of Disbursement CREDIT CARD - SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD - SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) C. Amtrak		Transaction ID: 70711.E6430 Date of Disbursement 04 / 25 / 2007
Mailing Address 60 Massachusetts Ave. NE		Amount of Each Disbursement this Period 1214.00
City Washington	State DC	
Zip Code 20002-	Purpose of Disbursement TRANSPORTATION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: TRANSPORTATION
State: District:		

SUBTOTAL of Disbursements This Page (optional)	6175.08
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Byerlys		Transaction ID: 70711.E6423 Date of Disbursement 04 / 25 / 2007	
Mailing Address 13081 Ridgedale Drive		Amount of Each Disbursement this Period 135.40	
City Minnetonka State MN Zip Code 55305-	Purpose of Disbursement FOOD AND BEVERAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD AND BEVERAGE	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 70711.E6431 Date of Disbursement 04 / 25 / 2007	
Mailing Address P.O. Box 8220		Amount of Each Disbursement this Period 671.86	
City Fox Valley State IL Zip Code 60572-8220	Purpose of Disbursement CELLULAR PHONE/BLACKBERRY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CELLULAR PHONE/BLACKBERRY	

Full Name (Last, First, Middle Initial) C. Congressional Club		Transaction ID: 70711.E6427 Date of Disbursement 04 / 25 / 2007	
Mailing Address Congressional Club Cookbook 2001 New Hampshire Avenue NW		Amount of Each Disbursement this Period 480.00	
City Washington State DC Zip Code 20009-	Purpose of Disbursement ADVERTISING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: ADVERTISING	

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

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Macys		Transaction ID: 70711.E6428	
Mailing Address 12411 Wayzata Boulevard		Date of Disbursement 04 / 25 / 2007	
City Minnetonka	State MN	Zip Code 55305-	Amount of Each Disbursement this Period 8.48
Purpose of Disbursement WRAPPING	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		[MEMO ITEM] MEMO: WRAPPING

Full Name (Last, First, Middle Initial) B. U.S. House Members Dining Room		Transaction ID: 70711.E6424	
Mailing Address U.S. Capitol		Date of Disbursement 04 / 25 / 2007	
City Washington	State DC	Zip Code 20515-	Amount of Each Disbursement this Period 140.10
Purpose of Disbursement FOOD AND BEVERAGE	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		[MEMO ITEM] MEMO: FOOD AND BEVERAGE

Full Name (Last, First, Middle Initial) C. Natures Harvest		Transaction ID: 70711.E6426	
Mailing Address 320 East Wayzata Boulevard		Date of Disbursement 04 / 25 / 2007	
City Wayzata	State MN	Zip Code 55391-	Amount of Each Disbursement this Period 169.04
Purpose of Disbursement FLOWERS	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		[MEMO ITEM] MEMO: FLOWERS

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial)		Transaction ID: 70711.E6422																					
A. Paypal		Date of Disbursement																					
Mailing Address		<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>2</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	5		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	5		2	0	7	7														
City State Zip Code		Amount of Each Disbursement this Period																					
Purpose of Disbursement TICKETS		<table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																			
250.00																							
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]																					
State: District:		MEMO: TICKETS																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

Full Name (Last, First, Middle Initial)		Transaction ID: 70711.E6421																					
B. Safeway Foods-West Falls		Date of Disbursement																					
Mailing Address 7397 Lee Highway		<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>2</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	5		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	5		2	0	7	7														
City State Zip Code		Amount of Each Disbursement this Period																					
Falls Church VA 22042-		<table border="1"> <tr> <td>36.12</td> </tr> </table>		36.12																			
36.12																							
Purpose of Disbursement FOOD AND BEVERAGE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Candidate Name		[MEMO ITEM]																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		MEMO: FOOD AND BEVERAGE																					
State: District:																							
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

Full Name (Last, First, Middle Initial)		Transaction ID: 70711.E6420																					
C. U.S. House Gift Shop		Date of Disbursement																					
Mailing Address Longworth House Office Building		<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>2</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	5		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	5		2	0	7	7														
City State Zip Code		Amount of Each Disbursement this Period																					
Washington DC 20515-		<table border="1"> <tr> <td>604.02</td> </tr> </table>		604.02																			
604.02																							
Purpose of Disbursement GOODWILL GIFTS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Candidate Name		[MEMO ITEM]																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		MEMO: GOODWILL GIFTS																					
State: District:																							
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. W Hotel		Transaction ID: 70711.E6429	
Mailing Address 156 Broadway		Date of Disbursement MM / DD / YYYY 04 / 25 / 2007	
City New York	State NY	Zip Code 10036-	Amount of Each Disbursement this Period 307.91
Purpose of Disbursement LODGING	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: LODGING
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Wells Fargo-Business Card		Transaction ID: 70711.E6418	
Mailing Address Business Card PO Box 9272		Date of Disbursement MM / DD / YYYY 05 / 23 / 2007	
City Des Moines	State IA	Zip Code 50306-9272	Amount of Each Disbursement this Period 3345.87
Purpose of Disbursement CREDIT CARD - SEE BELOW	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CREDIT CARD - SEE BELOW
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) C. Byerlys		Transaction ID: 70711.E6439	
Mailing Address 13081 Ridgedale Drive		Date of Disbursement MM / DD / YYYY 05 / 23 / 2007	
City Minnetonka	State MN	Zip Code 55305-	Amount of Each Disbursement this Period 77.13
Purpose of Disbursement FOOD AND BEVERAGE	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: FOOD AND BEVERAGE
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional)	3345.87
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Champps Americana		Transaction ID: 70711.E6441 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 1641 Plymouth Road		Amount of Each Disbursement this Period 205.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Minnetonka MN 55305-	Purpose of Disbursement FOOD AND BEVERAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD AND BEVERAGE

Full Name (Last, First, Middle Initial) B. Giant Food-West Falls		Transaction ID: 70711.E6436 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 1230 West Broad Street		Amount of Each Disbursement this Period 21.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Falls Church VA 22047-	Purpose of Disbursement FOOD AND BEVERAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD AND BEVERAGE

Full Name (Last, First, Middle Initial) C. Macys		Transaction ID: 70711.E6440 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 12411 Wayzata Boulevard		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Minnetonka MN 55305-	Purpose of Disbursement GOODWILL GIFTS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GOODWILL GIFTS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Natures Harvest		Transaction ID: 70711.E6444 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 320 East Wayzata Boulevard		Amount of Each Disbursement this Period 282.09
City Wayzata State MN Zip Code 55391-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS Candidate Name	Category/Type	[MEMO ITEM] MEMO: FLOWERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 70711.E6432 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address Northwest Airlines 7500 Airline Drive		Amount of Each Disbursement this Period 189.30
City Minneapolis State MN Zip Code 55450-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE Candidate Name	Category/Type	[MEMO ITEM] MEMO: AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sylvester Mgmt.		Transaction ID: 70711.E6433 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 7522 Irmo Dr. Suite 1		Amount of Each Disbursement this Period 450.00
City Columbia State SC Zip Code 29212-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEC CONFERENCE REGISTRATION Candidate Name	Category/Type	[MEMO ITEM] MEMO: FEC CONFERENCE REGISTRATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
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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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Target		Transaction ID: 70711.E6437
Mailing Address Ridgedale		Date of Disbursement 05 / 23 / 2007
City Minnetonka	State MN	Zip Code 55305-
Purpose of Disbursement GREETING CARDS	Category/ Type	Amount of Each Disbursement this Period 15.94
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GREETING CARDS
State: District:		

Full Name (Last, First, Middle Initial) B. Trovers		Transaction ID: 70711.E6442
Mailing Address 221 Pennsylvania Avenue Southeast		Date of Disbursement 05 / 23 / 2007
City Washington	State DC	Zip Code 20003-
Purpose of Disbursement GOODWILL GIFTS	Category/ Type	Amount of Each Disbursement this Period 150.54
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GOODWILL GIFTS
State: District:		

Full Name (Last, First, Middle Initial) C. U.S. House Gift Shop		Transaction ID: 70711.E6435
Mailing Address Longworth House Office Building		Date of Disbursement 05 / 23 / 2007
City Washington	State DC	Zip Code 20515-
Purpose of Disbursement GOODWILL GIFTS	Category/ Type	Amount of Each Disbursement this Period 1662.22
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GOODWILL GIFTS
State: District:		

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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: 70711.E6443 Date of Disbursement 05 / 23 / 2007
Mailing Address United States Postal Service 9641 Garfield Avenue South		Amount of Each Disbursement this Period 39.00
City Bloomington	State MN	
Zip Code 55420-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement POSTAGE		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]
MEMO: POSTAGE

Full Name (Last, First, Middle Initial) B. Wells Fargo-Business Card		Transaction ID: 70711.E6419 Date of Disbursement 06 / 20 / 2007
Mailing Address Business Card PO Box 9272		Amount of Each Disbursement this Period 4772.55
City Des Moines	State IA	
Zip Code 50306-9272		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CREDIT CARD - SEE BELOW		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

CREDIT CARD - SEE BELOW

Full Name (Last, First, Middle Initial) C. Avalon Caterers		Transaction ID: 70711.E6457 Date of Disbursement 06 / 20 / 2007
Mailing Address 109 Clearmount Avenue		Amount of Each Disbursement this Period 844.66
City Alexandria	State VA	
Zip Code 22304-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FOOD AND BEVERAGE		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]
MEMO: FOOD AND BEVERAGE

SUBTOTAL of Disbursements This Page (optional)	4772.55
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)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Congressional Club		Transaction ID: 70711.E6458 Date of Disbursement 06 / 20 / 2007
Mailing Address Congressional Club Cookbook 2001 New Hampshire Avenue NW		Amount of Each Disbursement this Period 480.00
City Washington State DC Zip Code 20009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING	Candidate Name	[MEMO ITEM] MEMO: ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Macys		Transaction ID: 70711.E6452 Date of Disbursement 06 / 20 / 2007
Mailing Address 12411 Wayzata Boulevard		Amount of Each Disbursement this Period 9.55
City Minnetonka State MN Zip Code 55305-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WRAPPING	Candidate Name	[MEMO ITEM] MEMO: WRAPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. House Members Dining Room		Transaction ID: 70711.E6449 Date of Disbursement 06 / 20 / 2007
Mailing Address U.S. Capitol		Amount of Each Disbursement this Period 214.00
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD AND BEVERAGE	Candidate Name	[MEMO ITEM] MEMO: FOOD AND BEVERAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial) A. Natures Harvest		Transaction ID: 70711.E6453 Date of Disbursement 06 / 20 / 2007	
Mailing Address 320 East Wayzata Boulevard		Amount of Each Disbursement this Period 195.70	
City Wayzata State MN Zip Code 55391-	Purpose of Disbursement FLOWERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FLOWERS	

Full Name (Last, First, Middle Initial) B. Safeway Foods-West Falls		Transaction ID: 70711.E6451 Date of Disbursement 06 / 20 / 2007	
Mailing Address 7397 Lee Highway		Amount of Each Disbursement this Period 11.25	
City Falls Church State VA Zip Code 22042-	Purpose of Disbursement FOOD AND BEVERAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD AND BEVERAGE	

Full Name (Last, First, Middle Initial) C. Sunsets Restaurant		Transaction ID: 70711.E6464 Date of Disbursement 06 / 20 / 2007	
Mailing Address 700 East Lake Street		Amount of Each Disbursement this Period 37.35	
City Wayzata State MN Zip Code 55391-	Purpose of Disbursement FOOD AND BEVERAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD AND BEVERAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 17 18 19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full) Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial)

A. Target

Mailing Address Ridgedale

City Minnetonka State MN Zip Code 55305-

Purpose of Disbursement FOOD AND BEVERAGE

Candidate Name

Office Sought: House, Senate, President

State: District:

Disbursement For: Primary, General, Other (specify)

Transaction ID: 70711.E6455

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

39.23

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

[MEMO ITEM] MEMO: FOOD AND BEVERAGE

B. Trovers

Mailing Address 221 Pennsylvania Avenue Southeast

City Washington State DC Zip Code 20003-

Purpose of Disbursement GOODWILL GIFTS

Candidate Name

Office Sought: House, Senate, President

State: District:

Disbursement For: Primary, General, Other (specify)

Transaction ID: 70711.E6456

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

19.56

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

[MEMO ITEM] MEMO: GOODWILL GIFTS

C. U.S. House Gift Shop

Mailing Address Longworth House Office Building

City Washington State DC Zip Code 20515-

Purpose of Disbursement GOODWILL GIFTS

Candidate Name

Office Sought: House, Senate, President

State: District:

Disbursement For: Primary, General, Other (specify)

Transaction ID: 70711.E6448

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

1959.13

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

[MEMO ITEM] MEMO: GOODWILL GIFTS

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

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NAME OF COMMITTEE (In Full)
Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial)

A. United States Postal Service

Mailing Address United States Postal Service
9641 Garfield Avenue South

City Bloomington State MN Zip Code 55420-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70711.E6450

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

(Use separate schedule(s) for each numbered line)	PAGE 123 / 124
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Jim Ramstad Volunteer Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ashmore & Associates	Nature of Debt (Purpose): Salaries/Fees
Mailing Address 621 University Avenue	
City State ZIP Code Saint Paul MN 55104-	

Outstanding Balance Beginning This Period <input type="text" value="17459.74"/>	Transaction ID: 2LS071920011E2949	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="17459.74"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Grunseth for Gov.	Nature of Debt (Purpose): Airfare
Mailing Address Grunseth for Governor 1820 University Avenue	
City State ZIP Code Saint Paul MN 55104-	

Outstanding Balance Beginning This Period <input type="text" value="333.00"/>	Transaction ID: LS071920011E2950	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="333.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="17792.74"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="17792.74"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

Image# 27990539950

Form/Schedule: **F3A** This amendment contains the requested FEC Form 3Z-1. In addition, we noticed that a computer software issue
Transaction ID: **C00244129** created a debt to Fedex for \$553.78 on Schedule D. This was not incurred, and has been removed.
