

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
Steve Sarvi for Congress

ADDRESS (number and street) P.O. Box 1107
 Check if different than previously reported. (ACC)
Burnsville MN 55337

2. **FEC IDENTIFICATION NUMBER** C00439331
CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A)
MN 02

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

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

5. Covering Period 10 01 2007 through 12 31 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 Paul Tessmer-Tuck

Signature of Treasurer Electronically Filed by Paul Tessmer-Tuck Date 02 01 2008

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

Office Use Only **FEC FORM 3** (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Steve Sarvi for Congress

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	2

D	D
3	1

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)).....	43734.25	43734.25
(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)).....	43734.25	43734.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	21933.32	21933.32
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21933.32	21933.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	31800.93	
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).....	10000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Steve Sarvi for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

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).....

28900.00

28900.00

(ii) Unitemized.....

12284.25

12284.25

(iii) TOTAL of contributions

41184.25

41184.25

from individuals..... ▶

500.00

500.00

(b) Political Party Committees.....

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

2050.00

2050.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

43734.25

43734.25

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

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

0.00

0.00

13. LOANS

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

10000.00

10000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

10000.00

10000.00

(add Lines 13(a) and (b)).....

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

0.00

0.00

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

0.00

0.00

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

53734.25

53734.25

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21933.32	21933.32
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) ▶	21933.32	21933.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	53734.25
25. SUBTOTAL (add Line 23 and Line 24).....	53734.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21933.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	31800.93

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

Name of Candidate		Candidate ID Number		
Steve Sarvi		H8MN02046		
Name of Principal Campaign Committee		Committee ID Number		
Steve Sarvi for Congress		C C00439331		
Committee Address				
P.O. Box 1107				
City	State	ZIP		
Burnsville	MN	55337		
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election				
	Primary		General	
1. Gross receipts of authorized committees	51434.25		2300.00	
2. Aggregate amount of contributions from personal funds of the candidate	10000.00		0.00	
3. Gross receipts minus the candidate's personal contributions	41434.25		2300.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

<p>A. Full Name (Last, First, Middle Initial) Jay Boekhoff</p> <p>Mailing Address 13209 Sheffield Ct</p> <p>City State Zip Code Burnsville MN 55337</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation United Healthcare Actuary</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 7</p> <p>Transaction ID: C14561811</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Ann Ciresi</p> <p>Mailing Address 1247 Culligan Lane</p> <p>City State Zip Code Mendota Heights MN 55118</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation N/A Homemaker</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7</p> <p>Transaction ID: C13258988</p> <p>Amount of Each Receipt this Period 1500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Michael Ciresi</p> <p>Mailing Address 1247 Culligan Ln</p> <p>City State Zip Code Mendota Heights MN 55118-4151</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RKMC Attorney</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7</p> <p>Transaction ID: C13258987</p> <p>Amount of Each Receipt this Period 1500.00</p> <p><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)	3250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

A. Full Name (Last, First, Middle Initial)
John Cowles
Mailing Address 123 North 3rd Street, Suite 804
City Minneapolis State MN Zip Code 55401
FEC ID number of contributing federal political committee. C
Name of Employer N/A Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
1000.00

Date of Receipt MM / DD / YYYY
12 / 05 / 2007
Transaction ID: C14520203
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mark Dayton
Mailing Address 110 W. Grant St.
City Minneapolis State MN Zip Code 55405
FEC ID number of contributing federal political committee. C
Name of Employer Vermilion Investment Company Occupation President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
2300.00

Date of Receipt MM / DD / YYYY
11 / 05 / 2007
Transaction ID: C13261050
Amount of Each Receipt this Period
2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mary Lee Dayton
Mailing Address 540 Indian Mound
City Wayzata State MN Zip Code 55391-9626
FEC ID number of contributing federal political committee. C
Name of Employer N/A Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
500.00

Date of Receipt MM / DD / YYYY
10 / 23 / 2007
Transaction ID: C12112237
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 8 / 33
(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)
Steve Sarvi for Congress

A.	Full Name (Last, First, Middle Initial) Ronald E. DeHarpporte		Date of Receipt MM / DD / YYYY 10 / 25 / 2007
	Mailing Address 7021 Weston Circle		Transaction ID: C13166789
	City Edina	State MN	Zip Code 55439
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Gibb Co.	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) James Egbert		Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address P.O. Box 117		Transaction ID: C13265210
	City Northfield	State MN	Zip Code 55057-1523
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer N/A	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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) Matthew K. Entenza		Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 1647 Portland Ave		Transaction ID: C14553850
	City St. Paul	State MN	Zip Code 55104
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

<p>A. Full Name (Last, First, Middle Initial) George Flannery</p> <p>Mailing Address 1910 Knox Ave. S.</p> <p>City State Zip Code Minneapolis MN 55403</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N/A Occupation Retired</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 ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7</p> <p>Transaction ID: C13319934</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Patti Haskins</p> <p>Mailing Address 306 Nevada St</p> <p>City State Zip Code Northfield MN 55057</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N/A Occupation Retired</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 ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 7</p> <p>Transaction ID: C14544552</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Robert Hill</p> <p>Mailing Address 450 Emerald Lane</p> <p>City State Zip Code Mahtomedi MN 55115</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed 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 ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7</p> <p>Transaction ID: C13264410</p> <p>Amount of Each Receipt this Period 250.00</p> <p><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)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 33
(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)
Steve Sarvi for Congress

A.

Full Name (Last, First, Middle Initial)
Kim Hunter

Mailing Address 1451 Edmund Ave.

City State Zip Code
St. Paul MN 55104

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

Name of Employer Self-Employed Occupation
Attorney

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

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: C13258989

Amount of Each Receipt this Period
300.00

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

B.

Full Name (Last, First, Middle Initial)
Valorie Jackson

Mailing Address 549 Hawthorne Woods Dr

City State Zip Code
Eagan MN 55123

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

Name of Employer N/A Occupation
Homemaker

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

Date of Receipt
MM / DD / YYYY
12 / 18 / 2007

Transaction ID: C14546564

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Adam Jones

Mailing Address 3216 Winnetka Ave. North

City State Zip Code
Minneapolis MN 55427

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

Name of Employer Piper Jaffray Occupation
Banker

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

Date of Receipt
MM / DD / YYYY
12 / 02 / 2007

Transaction ID: C13316444

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

<p>A. Full Name (Last, First, Middle Initial) Richard Kahn</p> <p>Mailing Address 2895 Ella Lane</p> <p>City State Zip Code Minnetonka MN 55305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NAHA Occupation Affordable Housing</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7</p> <p>Transaction ID: C12111506</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Thomas C. Kayser</p> <p>Mailing Address 2800 LaSalle Plaza 800 LaSalle Ave</p> <p>City State Zip Code Minneapolis MN 55402</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Robins Kaplan Miller & Ci-resi LLP Occupation Partner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 7</p> <p>Transaction ID: C14520204</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Tom Klouda</p> <p>Mailing Address 1886 Sapphire Pt</p> <p>City State Zip Code Eagan MN 55122</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N/A Occupation Student</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 7</p> <p>Transaction ID: C14548888</p> <p>Amount of Each Receipt this Period 250.00</p> <p><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)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 33
(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)
Steve Sarvi for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Kratch

Mailing Address 10685 County Rd. 24

City State Zip Code
Watertown MN 55388

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

Name of Employer Occupation
Mudd Lake Furniture Business Owner

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

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

Transaction ID: C14545681

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Amy Mandt

Mailing Address 303 Monarda Way

City State Zip Code
Watertown MN 55388

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

Name of Employer Occupation
ISD #111 Teacher

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C14550072

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Kyle Mansfield

Mailing Address 122 Elmwood PI W

City State Zip Code
Minneapolis MN 55419-1322

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

Name of Employer Occupation
Foley & Mansfield Attorney

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 7

Transaction ID: C14544577

Amount of Each Receipt this Period
500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33
(check only one)

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

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NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

A.

Full Name (Last, First, Middle Initial)
Sandra Meyer

Mailing Address 3058 Woodlark Lane

City State Zip Code
Eagan MN 55121

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

Name of Employer Occupation
The Hartford Occupational Therapist

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

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: C13263534

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Mary K. Moen

Mailing Address 990 Skyline Lane SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Occupation
N/A Homemaker

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

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: C13316325

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Cynthia Moothart

Mailing Address 4208 45th Avenue S.

City State Zip Code
Minneapolis MN 55406

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

Name of Employer Occupation
Self-Employed Communications Consultant

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

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: C13166702

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 33
(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
							15

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NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

A.

Full Name (Last, First, Middle Initial) Gloria Niehans		Date of Receipt MM / DD / YYYY 10 / 15 / 2007
Mailing Address 4331 Browndale Av,		Transaction ID: C12111507
City Minneapolis	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Minneapolis VA Hospital	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) Gloria Niehans		Date of Receipt MM / DD / YYYY 11 / 20 / 2007
Mailing Address 4331 Browndale Av,		Transaction ID: C13306479
City Minneapolis	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Minneapolis VA Hospital	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

C.

Full Name (Last, First, Middle Initial) Ben Owens		Date of Receipt MM / DD / YYYY 11 / 19 / 2007
Mailing Address 605 12th St SW		Transaction ID: C13307044
City Austin	State MN	Zip Code 55912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer N/A	Occupation Student	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

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

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

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

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

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NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

A.

Full Name (Last, First, Middle Initial)
Rebecca Rand

Mailing Address 2401 Meeting Street

City State Zip Code
Wayzata MN 55341

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 14 / 2007

Transaction ID: C14544345

Amount of Each Receipt this Period
500.00

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

B.

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

Mailing Address 2400 Lake of the Isles Pkwy

City State Zip Code
Minneapolis MN 55405

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

Name of Employer Ravich Meyer Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: C13307705

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Steve Rosdahl

Mailing Address 7885 County Road 26

City State Zip Code
Maple Plain MN 55359

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

Name of Employer Jubilee Foods Occupation Meat Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2007

Transaction ID: C12111508

Amount of Each Receipt this Period
250.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 16 / 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

A. Full Name (Last, First, Middle Initial)
Jerry A. Samargia
Mailing Address 1942 Beechwood Ave.
City State Zip Code
St. Paul MN 55116
FEC ID number of contributing federal political committee. **C**
Name of Employer Meyer Associates Occupation Owner
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
1 1 / 1 6 / 2 0 0 7
Transaction ID: C13262533
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Al Sarvi
Mailing Address 3350 Rosewood Ln
City State Zip Code
Plymouth MN 55441
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A 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
1 2 / 2 4 / 2 0 0 7
Transaction ID: C14553851
Amount of Each Receipt this Period
2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Al Sarvi
Mailing Address 3350 Rosewood Ln
City State Zip Code
Plymouth MN 55441
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A 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
1 2 / 2 4 / 2 0 0 7
Transaction ID: C14553852
Amount of Each Receipt this Period
2300.00
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 33

(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)
Steve Sarvi for Congress

A.

Full Name (Last, First, Middle Initial)
Harry Sieben

Mailing Address 90 Valley Ln

City State Zip Code
Hastings MN 55033

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Self-Employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 07 / 2007

Transaction ID: C12112220

Amount of Each Receipt this Period
100.00

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

B.

Full Name (Last, First, Middle Initial)
Harry Sieben

Mailing Address 90 Valley Ln

City State Zip Code
Hastings MN 55033

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Self-Employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 19 / 2007

Transaction ID: C14548671

Amount of Each Receipt this Period
100.00

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

C.

Full Name (Last, First, Middle Initial)
Harry Sieben

Mailing Address 90 Valley Ln

City State Zip Code
Hastings MN 55033

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Self-Employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 19 / 2007

Transaction ID: C14548672

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 33

(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)
Steve Sarvi for Congress

A.

Full Name (Last, First, Middle Initial)
Joyce Simard

Mailing Address 2337 Dekan lane

City State Zip Code
Land O Lakes FL 34639

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Social Worker

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

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

Transaction ID: C13166788

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Kathy Sweetman

Mailing Address 475 Deborah Dr.

City State Zip Code
Maple Plain MN 55359-9685

FEC ID number of contributing federal political committee. C

Name of Employer Lakeview Clinic Occupation
MD

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 19 / 2007

Transaction ID: C14548598

Amount of Each Receipt this Period
250.00

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

C.

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

Mailing Address 13733 Wentworth Ave #45

City State Zip Code
Burnsville MN 55337

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 07 / 2007

Transaction ID: C12112222

Amount of Each Receipt this Period
1000.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

<p>A. Full Name (Last, First, Middle Initial) Ladislav Volicer</p> <p>Mailing Address 2337 Dekan Lane</p> <p>City State Zip Code Land O'Lakes FL 34639</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation University of South Florida Professor</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7</p> <p>Transaction ID: C12111510</p> <p>Amount of Each Receipt this Period 500.00</p> <p><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) Eileen Weber</p> <p>Mailing Address 10623 Nyberg Ave</p> <p>City State Zip Code Denmark Twp MN 55033</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self-Employed Attorney</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 7</p> <p>Transaction ID: C12112223</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><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) Fred Weiner</p> <p>Mailing Address 2875 Gale Road</p> <p>City State Zip Code Woodland MN 55391</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation DLS LLC Business Executive</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 7</p> <p>Transaction ID: C14548806</p> <p>Amount of Each Receipt this Period 250.00</p> <p><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)	1750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 33
	(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)
Steve Sarvi for Congress

A.

Full Name (Last, First, Middle Initial) Dobson West		Date of Receipt
Mailing Address 1789 James Avenue South		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City	State	Zip Code
Minneapolis	MN	55403
FEC ID number of contributing federal political committee.		Transaction ID: C13262564
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer Spell Capital Partners, LLC	Occupation Private Equity	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="28900.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 33
(check only one)

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

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NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

A.

Full Name (Last, First, Middle Initial)
Le Sueur Co. D.F.L.

Mailing Address Rt. 1, Box 6

City State Zip Code
Waterville MN 56096

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
MM / DD / YYYY
12 / 14 / 2007

Transaction ID: C14544550

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

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

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

FOR LINE NUMBER: PAGE 22 / 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

A. Full Name (Last, First, Middle Initial)
Al Franken for Senate

Mailing Address P.O. Box 583144

City State Zip Code
Minneapolis MN 55458

FEC ID number of contributing federal political committee. **C** C00432278

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 50.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 3 / 2 0 0 7

Transaction ID: C14520110

Amount of Each Receipt this Period
50.00

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

* In-Kind: DVD

B. Full Name (Last, First, Middle Initial)
Robins Kaplan PAC

Mailing Address 2800 La Salle Plaza
800 La Salle Avenue

City State Zip Code
Minneapolis MN 55402

FEC ID number of contributing federal political committee. **C** C00275909

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
 1 2 / 0 5 / 2 0 0 7

Transaction ID: C14520205

Amount of Each Receipt this Period
2000.00

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

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

TOTAL This Period (last page this line number only) ► **2050.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 33
(check only one)

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

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NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

A.

Full Name (Last, First, Middle Initial)
Steve Sarvi

Mailing Address P.O. Box 1107

City State Zip Code
Burnsville MN 55337

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

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

Transaction ID: C14552868

Amount of Each Receipt this Period
10000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	10000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

<p>A. Full Name (Last, First, Middle Initial) 7 Corners Printing</p> <p>Mailing Address 230 7th St. W.</p> <p>City Saint Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D282944</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 255.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) 7 Corners Printing</p> <p>Mailing Address 230 7th St. W.</p> <p>City Saint Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D282954</p> <p>Date of Disbursement 12 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 276.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Capital Accounting Services</p> <p>Mailing Address 4190 Vinewood Lane #111-554</p> <p>City Minneapolis State MN Zip Code 55442</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D282929</p> <p>Date of Disbursement 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 2250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2781.79

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)
Steve Sarvi for Congress

A.	Full Name (Last, First, Middle Initial) Cub Foods Mailing Address 1729 Market Blvd. City Hastings State MN Zip Code 55033 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D282930 Date of Disbursement 11 / 08 / 2007 Amount of Each Disbursement this Period 82.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Cub Foods Mailing Address 1729 Market Blvd. City Hastings State MN Zip Code 55033 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D282941 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 205.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Bridget Cusick Mailing Address 3121 Girard Ave., S., #6 City Minneapolis State MN Zip Code 55408 Purpose of Disbursement Consulting - Communications Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D282942 Date of Disbursement 11 / 30 / 2007 Amount of Each Disbursement this Period 960.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1247.00

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)
Steve Sarvi for Congress

A.

Full Name (Last, First, Middle Initial)
Bridget Cusick

Mailing Address 3121 Girard Ave., S., #6

City State Zip Code
Minneapolis MN 55408

Purpose of Disbursement
Consulting - Communications

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D282938

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

552.00

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

B.

Full Name (Last, First, Middle Initial)
Bridget Cusick

Mailing Address 3121 Girard Ave., S., #6

City State Zip Code
Minneapolis MN 55408

Purpose of Disbursement
Consulting - Communications

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D282928

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

960.00

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

C.

Full Name (Last, First, Middle Initial)
Bridget Cusick

Mailing Address 3121 Girard Ave., S., #6

City State Zip Code
Minneapolis MN 55408

Purpose of Disbursement
Consulting - Communications

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D282952

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1080.00

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

SUBTOTAL of Disbursements This Page (optional)

2592.00

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)
Steve Sarvi for Congress

A.	Full Name (Last, First, Middle Initial) Bridget Cusick	Transaction ID: D282957 Date of Disbursement 12 / 27 / 2007
	Mailing Address 3121 Girard Ave., S., #6	Amount of Each Disbursement this Period 1080.00
	City Minneapolis State MN Zip Code 55408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Consulting - Communications Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IDC WebDev, LLC	Transaction ID: D282927 Date of Disbursement 10 / 31 / 2007
	Mailing Address 9549 Dupont Ave. S.	Amount of Each Disbursement this Period 740.00
	City Minneapolis State MN Zip Code 55469	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Consulting - Web Site Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IDC WebDev, LLC	Transaction ID: D282950 Date of Disbursement 12 / 11 / 2007
	Mailing Address 9549 Dupont Ave. S.	Amount of Each Disbursement this Period 20.00
	City Minneapolis State MN Zip Code 55469	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Web Site Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1840.00
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)
Steve Sarvi for Congress

A.

Full Name (Last, First, Middle Initial)
Chris Kirwan

Transaction ID: D282951
Date of Disbursement

Mailing Address 2310 Harriet Ave., Apt. 204

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	7	

City State Zip Code
Minneapolis MN 55405

Amount of Each Disbursement this Period

2250.00

Purpose of Disbursement
Consulting - Fundraising

--

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

Candidate Name

--

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Chris Kirwan

Transaction ID: D282946
Date of Disbursement

Mailing Address 2310 Harriet Ave., Apt. 204

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	7	

City State Zip Code
Minneapolis MN 55405

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Consulting - Fundraising

--

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

Candidate Name

--

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Chris Kirwan

Transaction ID: D282932
Date of Disbursement

Mailing Address 2310 Harriet Ave., Apt. 204

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

City State Zip Code
Minneapolis MN 55405

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Consulting - Fundraising

--

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

Candidate Name

--

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

5250.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

A.	Full Name (Last, First, Middle Initial) Chris Kirwan	Transaction ID: D282959 Date of Disbursement 11 / 23 / 2007
	Mailing Address 2310 Harriet Ave., Apt. 204	Amount of Each Disbursement this Period 31.18
	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 Supplies	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Chris Kirwan	Transaction ID: D282956 Date of Disbursement 12 / 27 / 2007
	Mailing Address 2310 Harriet Ave., Apt. 204	Amount of Each Disbursement this Period 2250.00
	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 Consulting - Fundraising	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D282926 Date of Disbursement 10 / 25 / 2007
	Mailing Address 1225 Eye Street NW, Ste. 1225	Amount of Each Disbursement this Period 1950.00
	City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Software & Support	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	4231.18
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)
Steve Sarvi for Congress

A.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D282931 Date of Disbursement 11 / 08 / 2007
	Mailing Address 1225 Eye Street NW, Ste. 1225	Amount of Each Disbursement this Period 135.00
	City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Software & Support Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paul Tessmer-Tuck	Transaction ID: D282945 Date of Disbursement 11 / 30 / 2007
	Mailing Address 1479 Featherstone Road	Amount of Each Disbursement this Period 1200.00
	City Hastings State MN Zip Code 55033	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Consulting - Field Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tony Doom Supply Co., Inc.	Transaction ID: D282933 Date of Disbursement 11 / 23 / 2007
	Mailing Address PO Box 525	Amount of Each Disbursement this Period 328.09
	City Marshall State MN Zip Code 56258	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing - Stickers Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1663.09
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)
Steve Sarvi for Congress

A.	Full Name (Last, First, Middle Initial) Tony Doom Supply Co., Inc. Mailing Address PO Box 525 City Marshall State MN Zip Code 56258 Purpose of Disbursement Printing - Stickers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D282934 Date of Disbursement 11 / 23 / 2007 Amount of Each Disbursement this Period 397.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Union House, Inc. Mailing Address 26796 Fulton Ave. City Wyoming State MN Zip Code 55092 Purpose of Disbursement Printing - Stickers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D282940 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 623.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Bridget Cusick Mailing Address 3121 Girard Ave., S., #6 City Minneapolis State MN Zip Code 55408 Purpose of Disbursement See Memo Entries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D282949 Date of Disbursement 12 / 06 / 2007 Amount of Each Disbursement this Period 645.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	1666.44
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 33

<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)
Steve Sarvi for Congress

A.

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address 7601 Penn Ave. S.

City State Zip Code
Minneapolis MN 55423

Purpose of Disbursement
Supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D283065

Date of Disbursement

/ /

Amount of Each Disbursement this Period

582.61

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

21271.50

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 33 / 33
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Steve Sarvi for Congress

Transaction ID: L576

LOAN SOURCE Full Name (Last, First, Middle Initial) Steve Sarvi, PERS FUNDS	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 1107	
City Burnsville State MN ZIP Code 55337	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 2 D D 2 7 Y Y Y Y 2 0 0 7	04/01/2008	.0800 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	10000.00
TOTALS This Period (last page in this line only)	10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.