

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 21 12 05 PM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)		C00282327		060297	P 254
SHARON R FRANK					
MINNESOTA WOMEN'S CAMPAIGN FUN					
D					
112 NORTH 3RD STREET #203					
MINNEAPOLIS MN 55401					
2. FEC IDENTIFICATION NUMBER					
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)					

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

### Monthly Report Due On:

- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     January 31

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	1/1/97 through 6/30/97		
6. (a) Cash on Hand January 1, 1997			\$ 29524.60
(b) Cash on Hand at Beginning of Reporting Period		\$ 29524.60	
(c) Total Receipts (from Line 19)		\$ 69597.07	\$ 69597.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 99121.67	\$ 99121.67
7. Total Disbursements (from Line 30)		\$ 67019.96	\$ 67019.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 32101.71	\$ 32101.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20489 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	

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

SHARON R. FRANK

Signature of Treasurer

*Sharon R. Frank*

Date

7/14/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

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FEC FORM 3X

(revised 8/88)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <b>MINNESOTA WOMEN'S CAMPAIGN FUNA</b>		REPORT COVERING PERIOD FROM <b>11/1/97</b> TO: <b>6/30/97</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	53198.53	53188.53	11(d)
ii. Unitemized	16201.00	16201.00	11(e)
iii. Total (add i and ii) >	69399.53	69389.53	11(f)
b. Political Party Committees			11(g)
c. Other Political Committees (such as PACs)			11(h)
d. Total Contributions (add a ii, b and c) >	69399.53	69389.53	11(i)
12. Transfers From Affiliated/Other Party Committees			2
13. All Loans Received			3
14. Loan Repayments Received			4
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	82.43	82.43	5
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			6
17. Other Federal Receipts (Dividends, Interest, etc.)			7
18. Transfers from Nonfederal Account for Joint Activity	125.11	125.11	8
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	69597.07	69597.07	9
20. Total Federal Receipts (subtract line 18 from line 19) >			20
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(d)
ii. Non-Federal Share			21(e)
b. Other Federal Operating Expenditures	45144.96	45144.96	21(f)
c. Total Operating Expenditures (add a i, a ii, and b) >	45144.96	45144.96	21(g)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements	21875.00	21875.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	67019.96	67019.96	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	67019.96	67019.96	31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	69389.53	69389.53	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from line 32)	69389.53	69389.53	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	45144.96	45144.96	35
36. Offsets to Operating Expenditures (from line 15)	82.43	82.43	36
37. Net Operating Expenditures (subtract line 36 from line 35) >	45062.53	45062.53	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 11 OF 13

FOR LINE NUMBER 11a

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**NAME OF COMMITTEE (in Full)**  
Minnesota Women's Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ahworth Martha E. 415 Hawthorne Road Duluth MN 55812	Community Volunteer	3/31/97 6/16/97	500.00 100.00
	Occupation: Community Volunteer Aggregate Year-to-Date > \$ <u>600</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Appel Marcia F. 17733 Kingway Path Lakeville MN 55044-5209	Musikland Stores Corp.	2/24/97 4/30/97	17.00 190.00
	Occupation: Sr. Vice President - Aggregate Year-to-Date > \$ <u>207</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Batchelder Kay 415 16th Avenue SW Rochester MN 55902	Not Employed	3/31/97 6/16/97 1/31/97 1/31/97	500.00 65.00 17.00 30.00
	Occupation: Homemaker, volunteer Aggregate Year-to-Date > \$ <u>612</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Bell Tanya Lea 2237 Sargent Avenue Saint Paul MN 55105-1157	Best Efforts	5/31/97	520.00
	Occupation: Aggregate Year-to-Date > \$ <u>520</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Bishop Lois 2280 West Lake of the Isles Blvd. Minneapolis MN 55405	Retired	4/14/97 5/22/97 1/31/97	500.00 65.00 22.00
	Occupation: Retired Aggregate Year-to-Date > \$ <u>587</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Bonsignore Sheila G. 1201 Yale Place #1701 Minneapolis MN 55403	Housewife	6/16/97	250.00
	Occupation: Housewife Aggregate Year-to-Date > \$ <u>250</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Boren Susan S. 2754 Thomas Avenue South Minneapolis MN 55416	Trillium Advisors	4/14/97 1/31/97	375.00 17.00
	Occupation: President Consultant Aggregate Year-to-Date > \$ <u>392</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

**SUBTOTAL** of Receipts This Page (optional) \_\_\_\_\_

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 13

FOR LINE NUMBER 1126

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**NAME OF COMMITTEE (in Full)**  
Minnesota Women's Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bracken Margaret A. 1770 West Farm Road Long Lake MN 55356	Brighton Development	5/31/97	490.00
	Occupation Project Manager	1/31/97	190.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 680	
B. Full Name, Mailing Address and ZIP Code Brooks Gladys Sinclair 5056 Garfield Avenue South Minneapolis MN 55419	Name of Employer Self-Employed	Date (month, day, year) 4/7/97	Amount of Each Receipt This Period 250.00
	Occupation Consultant	5/31/97	65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 315	
C. Full Name, Mailing Address and ZIP Code Brooks Marney B. 1026 Spring Hill Road Long Lake MN 55356	Name of Employer Community Volunteer	Date (month, day, year) 4/30/97	Amount of Each Receipt This Period 300.00
	Occupation Community Volunteer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300	
D. Full Name, Mailing Address and ZIP Code Bryant Marilyn Tickle 17819 Maple Hill Road Wayzata MN 55391-2780	Name of Employer Construction	Date (month, day, year) 6/5/97	Amount of Each Receipt This Period 500.00
	Occupation Adjustable Joist	6/9/97 3/31/97	195.00 17.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 712	
E. Full Name, Mailing Address and ZIP Code Campbell Carol N. 700 Baneberry Court Northfield MN 55057	Name of Employer Carlton College	Date (month, day, year) 6/9/97	Amount of Each Receipt This Period 500.00
	Occupation College Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2500	
F. Full Name, Mailing Address and ZIP Code Chase Rachelle 8209 Creekside Circle Bloomington MN 55437	Name of Employer R. Chase Financial	Date (month, day, year) 5/27/97	Amount of Each Receipt This Period 565.00
	Occupation Financial Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 565	
G. Full Name, Mailing Address and ZIP Code Collins Anne B. 4861 East Lake Harriet Parkway Minneapolis MN 55409	Name of Employer Not Employed	Date (month, day, year) 5/27/97	Amount of Each Receipt This Period 150.00
	Occupation Not Employed	6/6/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 1126

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NAME OF COMMITTEE (in full)  
**Minnesota Women's Campaign Fund**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cowles Sage Fuller 247 - 10th Avenue South Minneapolis MN 55415	Sweatshop, St. Paul	5/27/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Personal Fitness Trainer		
	Aggregate Year-to-Date > \$ <u>1000</u>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cox Vicki B. 1801 Humboldt Avenue South Minneapolis MN 55403	Not Employed	4/7/97	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Not Employed		
	Aggregate Year-to-Date > \$ <u>600</u>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cram Katherine 7429 Concerto Curve Fridley MN 55432	Wilder Foundation	5/28/97	315.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Financial		
	Aggregate Year-to-Date > \$ <u>315</u>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Davies Kathleen K. 4513 Aldrich Avenue South Minneapolis MN 55408-1839	Kathleen Davies & Associates	5/27/97	530.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Public	1/31/97	17.00
	Aggregate Year-to-Date > \$ <u>547</u>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dayton Mary Lee 510 Ferndale Road Wayzata MN 55381-9626	Homemaker and Community Volunteer	4/30/97 5/31/97	2,500.00 65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker and		
	Aggregate Year-to-Date > \$ <u>2565</u>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dayton Judy 392 South Ferndale Road Wayzata MN 55391	Not Employed	4/7/97 5/28/97	2,000.00 65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Not Employed		
	Aggregate Year-to-Date > \$ <u>2065</u>		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doar Patricia L. Box 68 New Richmond WI 54017	Not Employed	4/30/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Not Employed		
	Aggregate Year-to-Date > \$ <u>1000</u>		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
**Minnesota Women's Campaign Fund**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ecklund Karen R. 15 Larkspur Lane North Saint Paul MN 55127	Felhaber, Larson, Fenton, Vogt	4/14/97	500.00
	Occupation Attorney	6/16/97 1/31/97	130.00 165.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$795		
Engel Susan E. 4207 E. Lake Harriet Pkwy Minneapolis MN 55409	Department 66, Inc.	4/7/97	1,200.00
	Occupation President & CEO	1/31/97	22.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1222		
Erickson Karen 6000 Wyngate Lane Minnetonka MN 55345	Not Employed	4/7/97	250.00
	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250		
Erickson Kristine S. 5123 Lake Ridge Road Minneapolis MN 55436	Self-Employed	6/30/97	1,000.00
	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1000		
Etzwiler Marion G. 1235 Yale Place #309 Minneapolis MN 55403-1944	University of MN	5/31/97	65.00
	Occupation Advisor - Special	5/31/97 1/31/97	500.00 180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$755		
Fenton Eleanor S. 36 Eagle Ridge Road North Oaks MN 55127	Retired	4/7/97	1,000.00
	Occupation Retired	6/9/97	65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1065		
Firman Dolly 4637 Lake Harriet Parkway East Minneapolis MN 55409	Firman Gallery	5/14/97	250.00
	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250		

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 13

FOR LINE NUMBER 1122

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NAME OF COMMITTEE (in Full)  
Minnesota Women's Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Forster Barbara Louise 2650 Marshland Road Wayzata MN 55391	Bank of Montana	5/27/97	565.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 565	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
France Phyllis B. 1740 Lakeview Drive Duluth MN 55808	Self-employed	6/16/97	375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Cofounder Canal Gift	1/31/97	120.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank Sharon R. 210 West Grant, #30B Minneapolis MN 55403-2246	Roger Fazandín Realtors	2/24/97	22.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Realtor	3/31/97	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Fraser Arvonne 821 SE 7th Street Minneapolis MN 55414	Self-Employed	4/7/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	1/31/97	17.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Penny 2284 W. Lake of the Isles Pkwy Minneapolis MN 55405	Self-Employed	5/22/97	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Psychologist	Aggregate Year-to-Date > \$ 600	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gezell Teddy 1738 Dodd Road Saint Paul MN 55118	Not Employed	2/24/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/16/97	265.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Goldfine Beverly 2308 E. Superior Street Duluth MN 55812	Best Efforts	6/17/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	

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

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NAME OF COMMITTEE (in Full)  
**Minnesota Women's Campaign Fund**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Grossman N. Bud & Beverly 4670 Northwest Center Minneapolis MN 55402	Self-Employed	5/28/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investment Management		
	Aggregate Year-to-Date > \$ <u>500</u>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hahn Lucy 5332 Hollywood Road Minneapolis MN 55436	Not Employed	4/30/97 6/18/97 1/31/97 6/16/97	500.00 65.00 240.00 35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$ <u>840</u>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hawkins Blanche 126 Dellwood Avenue Dellwood MN 55110	Not Employed	4/7/97 5/31/97 1/31/97	500.00 195.00 190.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Community Volunteer		
	Aggregate Year-to-Date > \$ <u>885</u>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hayden Carol S. 100 SE Second Street #801 Minneapolis MN 55414	Not Employed	6/16/97 1/31/97	65.00 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Community Volunteer		
	Aggregate Year-to-Date > \$ <u>305</u>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Healey Judith K. 4800 Fremont Avenue South Minneapolis MN 55409	Self-Employed	2/24/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant		
	Aggregate Year-to-Date > \$ <u>250</u>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hill Susan W. 2207 South Shore Boulevard White Bear Lake Mn 55110	Not Employed	6/3/97	565.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Not Employed		
	Aggregate Year-to-Date > \$ <u>565</u>		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hines L. Cecily 4309 East Lake Harriet Parkway Minneapolis MN 55409	Cymed	5/27/97	565.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President General		
	Aggregate Year-to-Date > \$ <u>565</u>		

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

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



SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 13

FOR LINE NUMBER 1122

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NAME OF COMMITTEE (In Full)  
Minnesota Women's Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hols Marga 1180 Summit Avenue Saint Paul MN 55105	Hols Communications	4/14/97	500.00
	Occupation Owner	6/3/97 1/31/97	195.00 218.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 913	
Hopp Deborah 4801 Fremont Ave. S. Minneapolis MN 55409	Best Efforts	5/31/97	630.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 630	
Howard Sally 1201 Yale Place, No. 801 Minneapolis MN 55403	University of Minnesota Health Center	4/7/97	250.00
	Occupation Public Relations	5/28/97	65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 315	
Hunt Penny 3802 W. 32nd Street Minneapolis MN 55416	Mectronic, Inc.	4/14/97	500.00
	Occupation Community Affairs and		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500	
Kelley Kathleen A. 1867 Saunders Avenue Saint Paul MN 55116	MidAmerica Bank	4/30/97	500.00
	Occupation Sr. Vice President of	6/4/97 1/31/97	65.00 120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 707	
Leslie Janet C. & Robert 28241 Boulder Circle Shorewood MN 55331	Not Employed	5/31/97	65.00
	Occupation Retired	6/16/97	547.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1612.98	
Lilly Perrin B. 18 Summit Court Saint Paul MN 55102	Not Employed	2/24/97	22.00
	Occupation Community volunteer	4/1/97 1/31/97	1,000.00 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1532	

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 13

FOR LINE NUMBER 11a1

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)  
Minnesota Women's Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lowe Mari Lyman 2630 West Lafayette Road Excelsior MN 55331	Self Employed Occupation: Photographer Aggregate Year-to-Date > \$ 300	4/14/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Ludwick Harriet 18845 12th Avenue North Plymouth MN 55447	Not Employed Occupation: Aggregate Year-to-Date > \$ 500	4/7/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Mahai Chris 620 Keller Parkowsy Little Canada MN 55117	Star Tribune Occupation: VP Marketing Aggregate Year-to-Date > \$ 365	4/7/97 6/5/97	300.00 65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Meins Rhoda W. 1071 Overlook Road Saint Paul MN 55118-3652	Homemaker/Volunteer Occupation: Homemaker/Volunteer Aggregate Year-to-Date > \$ 250	4/14/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code McFarland Joyce 6341 Murray Hill Road Excelsior MN 55331	Ministry of Spiritual Direction Occupation: Minister Aggregate Year-to-Date > \$ 250	3/31/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code McMillan Mary B. 2532 Manitou Island White Bear Lake MN 55110	Retired Occupation: Retired Aggregate Year-to-Date > \$ 500	4/7/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Mears Joan Webster 75 Mackubin St. St. Paul MN 56102-2021	Best Efforts Occupation: Aggregate Year-to-Date > \$ 415	5/31/97	415.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

1141

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**NAME OF COMMITTEE (In Full)**  
**Minnesota Women's Campaign Fund**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Massinger Alida P. O. Box 19039 Minneapolis MN 55419	Not Employed	4/14/97	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Not Employed		
Aggregate Year-to-Date > \$ <u>1000</u>			
Metz Helen W. 6760 Fogelman Road Independence MN 55359	Ketchum McCauley Metz, Inc.	2/24/97 6/3/97	18.00 130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Public Relations	2/24/97	17.00
Aggregate Year-to-Date > \$ <u>405</u>			
Musser Elizabeth W. 280 Salem Church Road Saint Paul MN 55118	Homemaker	4/7/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
Aggregate Year-to-Date > \$ <u>500</u>			
Otis Constance S. 7 Crocus Hill Saint Paul MN 55102	Not Employed	4/30/97 6/30/97	600.00 65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Not Employed	1/31/97	22.00
Aggregate Year-to-Date > \$ <u>687</u>			
Peterson Mary L. 415 Magnolia Lane Plymouth MN 55441	Children's Health Care	5/27/97	245.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Registered Nurse		
Aggregate Year-to-Date > \$ <u>245</u>			
Pillsbury Sally W. 1300 Bracketts Point Road Wayzata MN 55391	Professional Volunteer	4/30/97 6/3/97	250.00 65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Self-Employed		
Aggregate Year-to-Date > \$ <u>315</u>			
Pillsbury Katharine C. 1280 Bracketts Point Road Wayzata MN 55391	Retired	5/27/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
Aggregate Year-to-Date > \$ <u>300</u>			

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 13  
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)  
Minnesota Women's Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Piper Cynthia S. 2506 Willow Drive Hamel MN 55340	Not Employed	4/7/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Not Employed		
Aggregate Year-to-Date > \$ 1000			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Platt Laura D. 7 Lilywood Lane Lilydale MN 55118	Homemaker	4/7/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker		
Aggregate Year-to-Date > \$ 250			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Prosser Margaret 6 Maclynn Road Excelsior MN 55331	Retired	2/24/97 6/30/97	50.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
Aggregate Year-to-Date > \$ 300			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ridder Kathleen C. 1744 Dodd Road Saint Paul MN 55118	Not Employed	4/14/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Not Employed	2/24/97	17.00
Aggregate Year-to-Date > \$ 267			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roe Sandra 2250 Delaware Avenue Saint Paul MN 55118	Community Volunteer	5/16/97	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Community Volunteer		
Aggregate Year-to-Date > \$ 275			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roper-Batker Lee 388 Roslyn Place Minneapolis MN 55419	FACS President	5/31/97	585.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President		
Aggregate Year-to-Date > \$ 585			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sazario Terry 3141 Dean Ct. No. 1202 Minneapolis MN 55416	Not Employed	4/14/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	1/31/97	17.00
Aggregate Year-to-Date > \$ 1017			

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

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 11 OF 13  
FOR LINE NUMBER 11 a c

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**NAME OF COMMITTEE (In Full)**  
Minnesota Women's Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Slaughter Nancy 1200 Nicollet Mall #401 Minneapolis MN 55403	United Hospital Foundation	5/9/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Deferred Giving Officer		
	Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Smith Mary Hill 515 North Ferndale Road Wayzata MN 55391	Metropolitan Council	4/14/97 5/31/97 1/31/97 2/24/97	100.00 65.00 120.00 22.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Community Activist and		
	Aggregate Year-to-Date > \$ 307		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Spencer Harriet Stuart 1135 Spring Hill Road Long Lake MN 55356	Not Employed	5/22/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Not Employed		
	Aggregate Year-to-Date > \$ 1000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephens Judith C. 1235 Yale Place #B10 Minneapolis MN 55403-1945	Retired	4/7/97	378.55
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
	Aggregate Year-to-Date > \$ 378.55		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stricker Ruth 18125 Shavers Lane Wayzata MN 55391	Self-Employed	6/30/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Health - The Marsh		
	Aggregate Year-to-Date > \$ 1000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stuhler Barbara 130 Prospect Blvd. Saint Paul MN 55107	Retired	4/30/97 6/5/97	500.00 65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
	Aggregate Year-to-Date > \$ 565		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sturgis Elly 1818 Mount Curve Minneapolis MN 55403	Not Employed	4/14/97 6/16/97	500.00 650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker		
	Aggregate Year-to-Date > \$ 1150		

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)  
**Minnesota Women's Campaign Fund**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tamborino Mary K. 3851 Susan Lane Minnetonka MN 55345	Hennepin County	6/6/97	285.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Board of		
Aggregate Year-to-Date > \$ 285			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Taylor Kay 527 Ryan Avenue West Roseville MN 55113	Retired	4/30/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
Aggregate Year-to-Date > \$ 500			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Trusdell Carol B. 9 Woodland Road Minneapolis MN 55424	Minneapolis Youth Trust	5/9/97 5/27/97	250.00 65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Director		
Aggregate Year-to-Date > \$ 315			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Turner Leslie 3424 West Calhoun Parkway Minneapolis MN 55416-4656	Not Employed	4/30/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Not Employed		
Aggregate Year-to-Date > \$ 300			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tuttle Emily Anne 1225 Shoreline Drive Wayzata MN 55391	Not Employed	4/30/97 5/31/97 1/31/97	500.00 130.00 190.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
Aggregate Year-to-Date > \$ 820			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Usorn Ruth 7405 West Shore Drive Edina MN 55435	New Sidelines, Inc.	1/31/97 4/7/97	750.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO		
Aggregate Year-to-Date > \$ 1000			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vaughan Mary W. 1700 Mount Curve Avenue Minneapolis MN 55403	Not Employed	4/7/97 1/31/97	500.00 22.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
Aggregate Year-to-Date > \$ 522			

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a-c

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NAME OF COMMITTEE (In Full)  
Minnesota Women's Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Von Blon Joanne W. 1201 Yale Place, No. 2006 Minneapolis MN 55403	Not Employed	5/31/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$ <u>250</u>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walker Elaine B. & 1900 Knox Avenue South Minneapolis MN 55403	Not Employed	5/9/97 5/31/97	250.00 65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Not Employed		
	Aggregate Year-to-Date > \$ <u>315</u>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Whitney Wheelock 821 Marquette Avenue Minneapolis MN 55402-2921	Whitney Management	4/30/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman		
	Aggregate Year-to-Date > \$ <u>250</u>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wittenberg Alice E. 2813 West 28th Street Minneapolis MN 55416-4380	Housewife	4/14/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife		
	Aggregate Year-to-Date > \$ <u>250</u>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wolf Jean K. 404 N. Mississippi River Blvd. Saint Paul MN 55104	Psychologist	4/30/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Self-Employed		
	Aggregate Year-to-Date > \$ <u>250</u>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wurtele Margaret V. B. 2409 East Lake of the Isles Parkway Minneapolis MN 55405	Publisher	4/14/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Self Employed		
	Aggregate Year-to-Date > \$ <u>1,000</u>		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

53188.53

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)  
Minnesota Women's Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wilson for 13th Ward Committee 4624 Colfax Avenue South Minneapolis MN 55409	Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	300
Young for Parks Volunteer Committee 2615 Langfellow Avenue South Minneapolis MN 55407	Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	500
WOMEN CANDIDATE DEVELOPMENT COALITION 550 RICE ST, ST. PAUL, MN 55103	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20/97 4/1/97	3750 3750
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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

21500



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 216

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**NAME OF COMMITTEE (in Full)**  
**Minnesota Women's Campaign Fund**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Albinson 1401 Glenwood Ave. Minneapolis MN 55406-1295	Copies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/6/97	25.37
Albinson 1401 Glenwood Ave. Minneapolis MN 55406-1295	Copies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/97	140.58
Albinson 1401 Glenwood Ave. Minneapolis MN 55405-1295	Copies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	69.44
Albinson 1401 Glenwood Ave. Minneapolis MN 55405-1295	Copies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/97	88.54
Albinson 1401 Glenwood Ave. Minneapolis MN 55405-1295	Copies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/13/97	53.39
American Program Bureau 36 Crafts Street Newton MA 02158	Honorarium Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/97	4,500.00
American Program Bureau 36 Crafts Street Newton MA 02158	Honorarium, Lynn Sherr Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/97	4,500.00
American Program Bureau 36 Crafts Street Newton MA 02158	Traveling Expenses - Sherr Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/97	1,185.00
Bartelson 5612 Highway 55 Minneapolis MN 55422	Cardboard file, filing supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/5/97	289.64

SUBTOTAL of Disbursements This Page (optional) .....

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
**Minnesota Women's Campaign Fund**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bertelson 8612 Highway 55 Minneapolis MN 55422	Large Envelopes, Postage Scale. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/97	73.18
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Champion Printing 3850 Annapolis Lane Plymouth MN 55447	Printing Patrons' Luncheon Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/97	448.56
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Champion Printing 3850 Annapolis Lane Plymouth MN 55447	Patrons' Luncheon Program Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	132.70
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Champion Printing 3850 Annapolis Lane Plymouth MN 55447	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/97	1,783.16
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Champion Printing 3850 Annapolis Lane Plymouth MN 55447	Invitation printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/97	2,742.14
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Champion Printing 3850 Annapolis Lane Plymouth MN 55447	Program Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/97	198.62
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Champion Printing 3850 Annapolis Lane Plymouth MN 55447	Structural Envelope Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/97	253.59
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cherokee State Bank 807 S. Smith St. Sabin Park MN 55107	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/2/97	119.52
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cherokee State Bank 807 S. Smith St. Sabin Park MN 55107	Federal Reserve Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/2/97	323.52
<b>SUBTOTAL of Disbursements This Page (optional)</b>			
<b>TOTAL This Period (last page this line number only)</b>			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

Minnesota Women's Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cherokee State Bank 607 S. Smith St. Saint Paul MN 55107	1st Q '97 Federal Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/97	127.50
Cherokee State Bank 607 S. Smith St. Saint Paul MN 55107	1st Q '97 Federal Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/97	343.50
Cherokee State Bank 607 S. Smith St. Saint Paul MN 55107	1st Q '97 Federal Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	127.50
Cherokee State Bank 607 S. Smith St. Saint Paul MN 55107	1st Q '97 Federal Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	343.50
Cherokee State Bank 607 S. Smith St. Saint Paul MN 55107	Check Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/97	58.17
Cherokee State Bank 607 S. Smith St. Saint Paul MN 55107	2nd Quarter Fed Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/97	343.50
Cherokee State Bank 607 S. Smith St. Saint Paul MN 55107	2nd Quarter Fed Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/97	127.50
Cherokee State Bank 607 S. Smith St. Saint Paul MN 55107	2nd Quarter Fed Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	115.08
Cherokee State Bank 607 S. Smith St. Saint Paul MN 55107	2nd Quarter Fed Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/97	343.50
SUBTOTAL of Disbursements This Page (optional) .....			
TOTAL This Period (last page this line number only) .....			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)			
<b>Minnesota Women's Campaign Fund</b>			
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cherokee State Bank 607 S. Smith St. Saint Paul MN 55107	2nd Quarter Fed Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/97	127.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cherokee State Bank 607 S. Smith St. Saint Paul MN 55107	Federal Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/97	343.50
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cherokee State Bank 607 S. Smith St. Saint Paul MN 55107	Federal Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/97	127.50
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Glenn Thorpe Realty 112 N. 3rd Street Minneapolis MN 55401	1/2 mo. rent, security deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/14/97	312.50
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Glenn Thorpe Realty 112 N. 3rd Street Minneapolis MN 55401	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/97	80.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Glenn Thorpe Realty 112 N. 3rd Street Minneapolis MN 55401	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/97	125.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Glenn Thorpe Realty 112 N. 3rd Street Minneapolis MN 55401	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	68.20
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Glenn Thorpe Realty 112 N. 3rd Street Minneapolis MN 55401	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	125.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Glenn Thorpe Realty 112 N. 3rd Street Minneapolis MN 55401	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/97	125.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

**Minnesota Women's Campaign Fund**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Glenn Thorpe Realty 112 N. 3rd Street Minneapolis MN 55401	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/97	125.00
B. Full Name, Mailing Address and ZIP Code Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Purpose of Disbursement Reimb. moving Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/2/97	120.00
C. Full Name, Mailing Address and ZIP Code Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20/97	603.80
D. Full Name, Mailing Address and ZIP Code Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20/97	13.77
E. Full Name, Mailing Address and ZIP Code Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Purpose of Disbursement Reimb. Paint Hardware Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/6/97	37.63
F. Full Name, Mailing Address and ZIP Code Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/6/97	623.26
G. Full Name, Mailing Address and ZIP Code Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/13/97	613.58
H. Full Name, Mailing Address and ZIP Code Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/97	613.58
I. Full Name, Mailing Address and ZIP Code Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	613.58

SUBTOTAL of Disbursements This Page (optional) .....

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

**Minnesota Women's Campaign Fund**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Reimb. labels, book, printer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/97	87.65
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Reimb. Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/97	3.20
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Reimb. Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/97	36.80
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/97	613.58
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	613.58
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/97	619.58
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/97	35.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/97	6.88
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Election Signage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/97	2.00
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....			
<b>TOTAL</b> This Period (last page this line number only) .....			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
**Minnesota Women's Campaign Fund**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Reimb. Sundrys, Bro Retreat Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/97	15.55
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/97	613.58
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	lock out Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/97	65.00
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Reimb. Placemwork Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/97	175.00
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Reimb. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/97	15.00
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Reimb. Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/97	32.72
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/97	613.58
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/97	613.58
Martin, Mary 112 N. 3rd Street Minneapolis MN 55401	Reimb. Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/97	67.47

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	
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**NAME OF COMMITTEE (in Full)**  
**Minnesota Women's Campaign Fund**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Minneapolis Club 729 2nd Ave. S. Minneapolis MN 55402	Brd Mtg Lunches Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/97	532.78
Minneapolis Club 729 2nd Ave. S. Minneapolis MN 55402	Brd Mtg Lunches Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/97	340.25
Minneapolis Club 728 2nd Ave. S. Minneapolis MN 55402	Patrons' Luncheon Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/97	1,078.95
Minneapolis Club 729 2nd Ave. S. Minneapolis MN 55402	Board Meeting Lunches Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	250.53
Minneapolis Club 729 2nd Ave. S. Minneapolis MN 55402	Brd mtg lunches Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/97	416.36
Minneapolis Hilton 1001 Marquette Ave Minneapolis MN 55403	Annual Event Luncheon Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/97	500.00
Minneapolis Hilton 1001 Marquette Ave Minneapolis MN 55403	Annual Event Luncheon Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/97	4,604.25
Minnesota Department of Revenue	State Meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/97	540.00
Minnesota Department of Revenue	Family care with agency Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	59.79

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	
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**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)			
Minnesota Women's Campaign Fund			
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Poor Design Group 2845 Harriet Ave. S. Minneapolis MN 55409	Design & printing, year in review Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/97	2,140.00
Rapit Printing 1415 1st Ave. NW New Brighton MN 55112	Printing Letterhead Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/97	252.25
Rapit Printing 1415 1st Ave. NW New Brighton MN 55112	Printing pledge cards Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	89.10
Rapit Printing 1415 1st Ave. NW New Brighton MN 55112	Pledge Cards Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/97	89.10
Terrell Daniels, Inc. 322 First Avenue North, #300 Minneapolis MN 55401	Letterhead Design Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/97	1,168.48
Terrell Daniels, Inc. 322 First Avenue North, #300 Minneapolis MN 55401	Graphic Arts Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/97	431.12
The Gauzy Group 2801 Wyzata Blvd Minneapolis MN 55405	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/97	818.17
U. S. Postmaster	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/15/97	719.00
U. S. Postmaster	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	110.00
SUBTOTAL of Disbursements This Page (optional)			
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NAME OF COMMITTEE (in Full)			
Minnesota Women's Campaign Fund			
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. Postmaster	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/97	87.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. Postmaster	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/97	64.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. Postmaster	Postage - event invitation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/97	160.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. Postmaster	Postage - Welfare mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/97	69.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. Postmaster	Postage - event invitation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/97	1,024.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. West PO Box 1301 Minneapolis, MN 55483	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/97	75.91
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. West PO Box 1301 Minneapolis, MN 55483	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/97	170.24
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. West PO Box 1301 Minneapolis, MN 55483	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/97	45.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. West PO Box 1301 Minneapolis, MN 55483	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/97	76.46
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**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

**Minnesota Women's Campaign Fund**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. West PO Box 1301 Minneapolis MN 55483	Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	74.67
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. West PO Box 1301 Minneapolis MN 55483	Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/97	75.22
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. West PO Box 1301 Minneapolis MN 55483	Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/97	75.22
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
USF & G c/o W. A. Lang Co. Minneapolis MN 55402	Liability Ins. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/97	321.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

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

44105.60

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)  
Minnesota Women's Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Anderson, Karen Volunteer Committee 3311 Martha Lane Minnetonka MN 55345	Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/97	300
B. Full Name, Mailing Address and ZIP Code Charlotte Anderson for Mpls Public Library Board 3813 Oakland Avenue South Minneapolis MN 55407	Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	500
C. Full Name, Mailing Address and ZIP Code Irene Augnaugh-Tamey RR2 Box 228B Bagley MN 56621	Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	1500
D. Full Name, Mailing Address and ZIP Code Borsa, Marilyn Volunteer Committee 3956 Sheridan Avenue North Minneapolis MN 55412	Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	500
E. Full Name, Mailing Address and ZIP Code Volunteers for Trieste Brown 1491 Blair Avenue Saint Paul MN 55104	Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/97	300
F. Full Name, Mailing Address and ZIP Code Callison, Janis Volunteer Committee 17105 Hampton Court Minnetonka MN 55345	Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/97	300
G. Full Name, Mailing Address and ZIP Code Neighbors for Thora Carltidge 819 Parkview Avenue Saint Paul MN 55117	Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	300
H. Full Name, Mailing Address and ZIP Code Davidson Volunteer Committee HC1, Box 430D Wjrt MN 56688	Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/4/97	300
I. Full Name, Mailing Address and ZIP Code Friends for Lisa Goodman 1227 Hennepin Ave. S. #5B Minneapolis MN 55409	Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/97	300

SUBTOTAL of Disbursements This Page (optional) .....

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)			
Minnesota Women's Campaign Fund			
<b>A. Full Name, Mailing Address and ZIP Code</b> Graves, Rochelle Berry Volunteer Committee 1621 Thomas Place Minneapolis MN 55411	<b>Purpose of Disbursement</b> Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 4/15/97	<b>Amount of Each Disbursement This Period</b> 500
<b>B. Full Name, Mailing Address and ZIP Code</b> Hofstede, Diane Volunteer Committee 510 Ramsey Street Minneapolis MN 55413	<b>Purpose of Disbursement</b> Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 4/15/97	<b>Amount of Each Disbursement This Period</b> 500
<b>C. Full Name, Mailing Address and ZIP Code</b> Lantry (Kathy) for City Council 25 East Sandralea Dr. Saint Paul MN 55119	<b>Purpose of Disbursement</b> Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 3/17/97	<b>Amount of Each Disbursement This Period</b> 300
<b>D. Full Name, Mailing Address and ZIP Code</b> Larsen Volunteer Committee 5336 Russell Avenue South Minneapolis MN 55410	<b>Purpose of Disbursement</b> Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 4/15/97	<b>Amount of Each Disbursement This Period</b> 300
<b>E. Full Name, Mailing Address and ZIP Code</b> Neighbors for Lindgren 582 Charles Ave. Saint Paul MN 55103	<b>Purpose of Disbursement</b> Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 1/2/97	<b>Amount of Each Disbursement This Period</b> 300
<b>F. Full Name, Mailing Address and ZIP Code</b> McDonald for 10th Ward Committee 2645 Bryant Avenue South Minneapolis MN 55408	<b>Purpose of Disbursement</b> Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 3/17/97	<b>Amount of Each Disbursement This Period</b> 300
<b>G. Full Name, Mailing Address and ZIP Code</b> Mead, Dore Volunteer Committee 112 East Elmwood Place Minneapolis MN 55419	<b>Purpose of Disbursement</b> Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 2/17/97	<b>Amount of Each Disbursement This Period</b> 300
<b>H. Full Name, Mailing Address and ZIP Code</b> Megard for Mayor Volunteer Committee 1439 Hytha Street Saint Paul MN 55108	<b>Purpose of Disbursement</b> Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 3/17/97	<b>Amount of Each Disbursement This Period</b> 500
<b>I. Full Name, Mailing Address and ZIP Code</b> Committee to Elect Sandra Miller 3425 4th Ave. S. Minneapolis MN 55408	<b>Purpose of Disbursement</b> Candidate Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 6/23/97	<b>Amount of Each Disbursement This Period</b> 500

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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**NAME OF COMMITTEE (In Full)**  
Minnesota Women's Campaign Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Montgomery Volunteer Committee 726 Cherokee Avenue Saint Paul MN 55107	Candidate Contribution, Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	500
B. Full Name, Mailing Address and ZIP Code Pappas for Mayor 182 Prospect Blvd. Saint Paul MN 55107	Candidate Contribution, MN Senate 65, Saint Paul Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/2/97	500
C. Full Name, Mailing Address and ZIP Code Pat Parker Volunteer Committee 2348 Seabury Avenue Minneapolis MN 55406	Candidate Contribution, Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/97	500
D. Full Name, Mailing Address and ZIP Code Mary Thornton Phillips Volunteer Committee 2212 Powers Avenue Saint Paul MN 55119	Candidate Contribution, Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	500
E. Full Name, Mailing Address and ZIP Code Rettman Volunteer Committee 682 West Iowa Saint Paul MN 55117	Candidate Contribution, Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/97	300
F. Full Name, Mailing Address and ZIP Code Savran, Laurie Volunteer Committee 4023 Beard Avenue South Minneapolis MN 55410	Candidate Contribution, Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	500
G. Full Name, Mailing Address and ZIP Code Scott Volunteer Committee 5146 Camden Avenue North Minneapolis MN 55430	Candidate Contribution, Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	300
H. Full Name, Mailing Address and ZIP Code Linda Teppo Volunteer Committee 327 S. Cleveland Saint Paul MN 55105	Candidate Contribution, Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/97	300
I. Full Name, Mailing Address and ZIP Code Erna Vizenor Route 1, Box 288 Bonsford MN 55675	Candidate Contribution, Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/2/97 2/17/97	800 1200

SUBTOTAL of Disbursements This Page (optional) .....

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Federal Election Commission  
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PREPARER

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