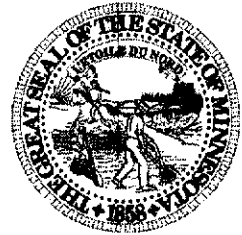


Minnesota

Campaign Finance and Public Disclosure Board

DUE July 26, 2010



Suite 190 . Centennial Office Building . 658 Cedar Street . St. Paul MN 55155-1603 . www.cfboard.state.mn.us
Email at: cf.board@state.mn.us

Report of Receipts and Expenditures for Independent Expenditure Committees and Independent Expenditure Funds

Period covered: January 1 through July 19, 2010

REPORT DUE DATE IS JULY 26, 2010

Filing Instructions

- This report may be emailed to cfb.reports@state.mn.us or faxed to (651) 296-1722; (800) 357-4114
- All information on this form or report is public information and may be published on the Board's website at www.cfboard.state.mn.us
- It is unlawful to use this information for commercial purposes.
- Do not use pencil or red ink.
- Board staff may also be reached by phone at (651) 282-6894 or (800) 657-3889 or by email at cf.board@state.mn.us

Committee or fund information

Committee or fund name 2010 Fund	Registration number 80025
Treasurer name Ken Martin	Treasurer email address Kmartin@winminnesota.org
Treasurer address 1600 University Ave, #309C	
Treasurer city, state, zip St Paul, MN 55104	Treasurer telephone (daytime) 6124831097

Report Options

Check one of the boxes below *only if applicable* and provide the requested information.

No change statement Check this box only if your committee or fund received *no* contributions and made *no* expenditures during this period. Do not use this statement if there was any monetary change. If there was no change:

Provide the current cash balance: \$ _____, and sign here:

I, the treasurer or deputy treasurer (check one)
certify there has been no change.

Date

Amendment Check this box if your committee or fund is filing this report to amend a previously filed report for this period.

Termination Check this box if your committee has dissolved. A committee may not dissolve unless it has settled all its debts and disposed of all its assets in excess of \$100.

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	For office use only
<input checked="" type="checkbox"/> Checked in <input type="checkbox"/> Scanned <input type="checkbox"/> Data entered	

COMMITTEE OR FUND TRANSACTION SUMMARY

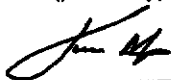
1	Beginning cash balance 1/1/10 (should be the same as the 12/31/09 ending cash balance)		\$			
A	RECEIPTS:		Cash (Col. 1)	Blank (Col. 2)	In-kind (Col. 3)	Total (Col. 4)
2	Total contributions received from individuals and registered committees	Sch. A1 - IR	\$ 869,000		\$ 0	\$ 869,000
3	Total contributions received from unregistered associations that was derived from business revenue	Sch. A1 - BR	\$ 0		\$ 0	0
4	Total contributions received from unregistered associations that was derived from fees, dues, and contributions.	Sch. A1 - UA	\$ 6,000		\$ 0	\$ 6,000
5	Receipts from loans payable	Sch. A2 - LP	\$ 0			\$ 0
6	Miscellaneous income	Sch. A2 - MISC	\$ 0			\$ 0
7	TOTAL RECEIPTS	Sum #2 thru #6	\$ 875,000		\$	\$ 875,000
B	DISBURSEMENTS:		Cash (Col. 1)	Unpaid bills (Col. 2)	In-kind (Col. 3)	Total (Col. 4)
8	Expenditures	Sch. B1 - EXP	\$ 0	\$ 0	\$ 0	\$ 0
9	Contributions to Independent Expenditure Committees and Funds	Sch. B2 - IND PAC	700,000	0	0	700,000
10	Independent expenditures See required form on page 16	Sch. B2 - IND	\$ 0	\$ 0		\$ 0
11	TOTAL EXPENDITURES	Sum #8 thru #10	\$ 700,000	\$ 0	\$ 0	\$ 700,000
12	Ending cash balance 7/19/10	#1 + #7 - #11	\$ 175,000			

LOANS SUMMARY

Total of all loans owed by your committee as of July 19, 2010, including all previous years.	\$ 0
Total of all loans owed to you committee as of July 19, 2010, including all previous years.	\$ 0

CERTIFICATION

I, KEN MARTIN, certify that this report is complete, true, and correct.
 (print or type name)



July 26, 2010

Signature of treasurer or deputy treasurer (check one) Date

Any person who signs and certifies to be true a report or statement which the person knows contains false information, or who knowingly omits required information, is subject to a civil penalty imposed by the Board of up to \$3,000 and is subject to criminal prosecution for a gross misdemeanor.

Schedule A1 - IR - Contributions Received from Individuals and Registered Committees

Make photocopies of this page if additional space is needed

Date	Committee registration number	Name and full address of contributor If contributor is an individual list the name of employer (if self-employed, list "self" & disclose the occupation)	1 Cash	2 In-kind (list item & fair market value)	3 Total Cash & in-kind
2/22	#	ALDA MESSENGER (SELF - PHILANTHROPIST) PO Box 19229 MINNEAPOLIS, MN 55419	\$ 50,000	\$	\$ 50,000
2/23	# 30625	WIN MINNESOTA POLITICAL ACTION FUND 1600 UNIVERSITY AVE W #309C SAINT PAUL, MN 55104	\$ 50,000	\$	\$ 50,000
2/23	# 30558	EDUCATION MINNESOTA PAC 41 SHERBURNE AVE. ST. PAUL, MN 55103	\$ 50,000	\$	\$ 50,000
2/24	# 40712	LDC POLITICAL FUND 81 E. LITTLE CANADA RD. ST. PAUL, MN 55117	\$ 50,000	\$	\$ 50,000
2/27	# 80026	MAPE POLITICAL FUND 3460 LEXINGTON AVE N SHOREVIEW, MN 55126	\$ 50,000	\$	\$ 50,000
3/2	# 40404	IBEW MN STATE COUNCIL PAC PO Box 65397 ST. PAUL, MN 55165 - 0397	\$ 50,000	\$	\$ 50,000
3/2	# 30245	MN NURSES ASSOCIATION 345 RANDOLPH AVENUE ST. PAUL, MN 55102	\$ 50,000	\$	\$ 50,000
3/10	#	VANCE OPPERMAN (KEY INVESTMENT) 225 S. SIXTH ST. # 5200 MINNEAPOLIS, MN 55402	\$ 50,000	\$	\$ 50,000
4/1	# 30058	LOCAL 49 ENGINEERS POLITICAL FUND 2929 ANTHONY LANE S. MINNEAPOLIS, MN 55418	\$ 25,000	\$	\$ 25,000
4/8	# 30593	AFSCME MN PEOPLE COMMITTEE COUNCIL 5 PAC 300 HARDMAN AVE S S. ST. PAUL, MN 55075	\$ 50,000	\$	\$ 50,000
Total of non-Itemized receipts			\$ 475,000	\$	\$ 475,000
TOTALS			\$	\$	\$
			To pg. 3, line 2, col. 1	To pg. 3, line 2, col. 3	To pg. 3, line 2, col. 4

It is unlawful to use this information for commercial purposes.

Schedule A1 - IR - Contributions Received from Individuals and Registered Organizations

Make photocopies of this page if additional space is needed

Date	Committee registration number	Name and full address of contributor If contributor is an individual list the name of employer (if self-employed, list "self" & disclose the occupation)	1 Cash	2 In-kind (list item & fair market value)	3 Total Cash & in-kind
4/14	# 30025	MN AFL-CIO POLITICAL ACCOUNT 175 AURORA AVE. ST. PAUL, MN 55103	\$ 25,000	\$	\$ 25,000
6/8	# 30037	SEIU MINN STATE COUNCIL POL. FUND 2233 UNIVERSITY AVE W # 422 ST. PAUL, MN 55114	\$ 50,000	\$	\$ 50,000
6/9	# 30204	AFSCME 1625 L STREET NW WASHINGTON, DC 20036	\$ 50,000	\$	\$ 50,000
6/17	# 30558	EDUCATION MINNESOTA 41 SHERBURNE AVE. ST. PAUL, MN 55103 - 2196	\$ 200,000	\$	\$ 200,000
6/30	# 40712	LDC POLITICAL FUND 81 E. LITTLE CANON RD. ST. PAUL, MN 55117	\$ 50,000	\$	\$ 50,000
7/8	# 6485	BRIAN RICE (RICE, MECHELS AND WILSON) 112 ARDMORE DR. GOLDEN VALLEY, MN 55422 - 5210	\$ 1,000	\$	\$ 1,000
7/12	# 30016	FIRE FIGHTERS ASSOC. OF MINNEAPOLIS 312 CENTRAL AVE # 516 MINNEAPOLIS, MN 55418	\$ 6,000	\$	\$ 6,000
7/14	# 40254	MFD PENSIONER'S POLITICAL FUND PO BOX 18304 MINNEAPOLIS, MN 55418	\$ 3,000	\$	\$ 3,000
7/14	# 30031	MINNEAPOLIS FIRE FIGHTERS Relief Assoc. PO BOX 18344 MINNEAPOLIS, MN 55418	\$ 3,000	\$	\$ 3,000
7/14	# 30154	ST. PAUL FIRE FIGHTERS LOCAL 21 411 MAZU ST # 314 ST. PAUL, MN 55102	\$ 6,000	\$	\$ 6,000
Total of non-itemized receipts			\$ 394,000	\$	\$ 394,000
TOTALS			\$ 869,000	\$	\$ 869,000
			To pg. 3, line 2, col. 1	To pg. 3, line 2, col. 3	To pg. 3, line 2, col. 4

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Schedule A1 - UA - Other Contributions from Unregistered Associations

Page 1 of 1

Make photocopies of this page if additional space is needed

Date	Name and full address of contributor	1. Cash	2. In-kind (list item & fair market value)	3. Total Cash & in-kind	4. Disclosure Statement Required
7/14	MINNESOTA PROFESSIONAL FIREFIGHTERS 8100 WAYZATA BLVD. ST. LOUIS PARK, MN 55426	\$ 6,000	\$	\$ 6,000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total of non-itemized contributions		\$ 6,000	\$	\$ 6,000	
TOTALS		\$ 6,000	\$	\$ 6,000	
		To pg. 3, line 4, col. 1	To pg. 3, line 4, col. 3	To pg. 3, line 4, col. 4	

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Schedule B2 - IND PAC - Contributions to Independent Expenditure Committees and Political Funds

Make photo copies of this page if additional space is needed.

Entries must be in alphabetical order

Date	Committee registration number	Name and full address of committee	1 Cash	2 In-kind contribution (list item & fair market value)	3 Total Cash & in-kind
7/7	# 80024	ALLIANCE FOR A BETTER MINNESOTA ACTION FUND 1600 UNIVERSITY AVE W #309B ST. PAUL, MN 55104	\$ 700,000	\$	\$ 700,000
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
Total of non-itemized contributions/disbursements			\$ 700,000	\$	\$ 700,000
TOTALS			\$ 700,000	\$	\$ 700,000
			To pg 3, line 9, col 1	To pg 3, line 9, col 3	To pg 3, line 9, col 4

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Minnesota

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**Disclosure Statement for Corporations and other Unregistered Associations
Contributing to Independent Expenditure Committees and Funds**

Filing Instructions

- This statement must be provided to independent expenditure committees and funds prior to the date on which the recipient committee or fund initially reports the contribution to the Board.

Donor Information

Unregistered association name MINNESOTA PROFESSIONAL FIRE FIGHTERS GENERAL FUND	Name of officer responsible for this statement THEODORE J. VANDERBEEK
Address 8100 WAYZATA BLVD	Email address of officer S-T@MPFF.ORG
City, state, zip St. Louis PARK, MN 55426	Daytime phone number of officer 763-545-8100

Information on Contribution to Independent Expenditure Committee or Fund

Recipient Independent Expenditure Committee or Fund Name 2010 FUND	Date of Contribution 7-14-10
Address 1600 UNIVERSITY AVE. Suite 309C	Amount of Contribution \$6000.00
City, state, zip St. Paul, MN 55104	For an in-kind contribution provide a brief description of the item or service given.

Statement Options

Check one of the boxes below. If both the first and second check boxes apply to your contribution check only the first box.

- Only business revenue was used to fund the contribution. Check this box if only business revenue was used for the contribution. Only this page of the statement is provided to the recipient if the contribution was derived from business revenue.
- The donor has not contributed \$5,000 or more to independent expenditure committees or funds this calendar year. Check this box if the donor has contributed less than \$5,000 in aggregate to all independent expenditure committees and funds in Minnesota in 2010. Only the disclosure information on this page of the statement is provided to the recipient if aggregate contributions are less than \$5,000.
- The donor used membership fees, membership dues, or contributions received from individuals or other corporations and associations to fund the contribution. Check this box if aggregate contributions to independent expenditure committees and funds in Minnesota equal \$5,000 or more, and business revenue was not used as the source of funding for the contribution. Schedule A1 of this statement must be completed and provided to the recipient committee.

CERTIFICATION

I, THEODORE J. VANDERBEEK, certify that this report is complete, true, and correct.
(print or type name)

Signature of Officer

7/14/10
Date

Any person who signs and certifies to be true a statement which the person knows contains false information, or who knowingly omits required information, is subject to a civil penalty imposed by the Board of up to \$3,000 and is subject to criminal prosecution for a gross misdemeanor.

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