

Minnesota

Campaign Finance and Public Disclosure Board



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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

CAMPAIGN FINANCE & PUBLIC DISCLOSURE BOARD

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

Period covered: January 1 through September 14, 2010

REPORT DUE DATE IS September 21, 2010

FILING INSTRUCTIONS

- This report may be emailed to cf.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 since your last reporting 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:

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

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.

This document is available in alternative formats to individuals with disabilities by calling (651)296-5148; (800)657-3889; or through the Minnesota Relay Service at (800)627-3529.

<input type="checkbox"/> only <input type="checkbox"/> Data entered
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COMMITTEE OR FUND TRANSACTION SUMMARY

1	Beginning cash balance 1/1/10 (should be the same as the 12/31/09 ending cash balance)		\$ 0			
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	\$ 1,362,870		\$ 0	\$ 1,362,870
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	\$ 156,000		\$ 0	\$ 156,000
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	\$ 1,518,870		\$ 0	\$ 1,518,870
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	1,133,770			1,133,770
10	Independent expenditures <i>See required form on page 16</i>	Sch. B2 - IND	\$ 0	\$ 0	0	\$ 0
11	TOTAL EXPENDITURES	Sum #8 thru #10	\$ 1,133,770	\$	\$	\$ 1,133,770
12	Ending cash balance 9/14/10	#1 + #7 - #11	\$ 385,100			

LOANS SUMMARY

Total of all loans owed by your committee as of September 14, 2010, including all previous years.	\$ 0
Total of all loans owed to you committee as of September 14, 2010, including all previous years.	\$ 0

CERTIFICATION

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

 9/14/2010

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. Reg# 80025

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

Make photocopies of this page if additional space is needed

Page 1 of 3

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	#	ALIDA MESSENGER (SEIF - THE ANTHROPEST) 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 PI 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. STATE ST. #5200 MINNEAPOLIS, MN 55402	\$ 50,000	\$	\$ 50,000
4/1	# 30058	LOCAL 49 ENGINEERS POLITICAL FUND 2829 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 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
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 CANAD RD. ST. PAUL, MN 55117	\$ 50,000	\$	\$ 50,000
7/8	# 6485	BRIAN RICE (CRIS, MICHIGIS 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 18304 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			\$	\$	\$
			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 - IR - CONTRIBUTIONS RECEIVED FROM INDIVIDUALS AND REGISTERED COMMITTEES

Make photocopies of this page if additional space is needed

Page 3 of 3

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
7/22	# 40404	IBEW MN STATE COUNCIL PAC PO BOX 65397 ST. PAUL, MN 55165-0397	\$ 25,000	\$	\$ 25,000
8/9	#	CAROL KUMMER 4818 30TH AVENUE S MINNEAPOLIS, MN 55417	\$ 100	\$	\$ 100
8/20	#	VANCE OPPERMAN (KEY INVESTMENT) 225 S. SEATH ST #5200 MINNEAPOLIS, MN 55402	\$ 75,000	\$	\$ 75,000
8/20	#	TOM KAYSER (ROBINS, KAPLAN, NIKER AND CROST) 466 MISSISSIPPI RIVER BLVD S. SAINT PAUL, MN 55105	\$ 5,000	\$	\$ 5,000
8/30	# 30625	WIN MINNESOTA POLITICAL ACTION FUND 1606 UNIVERSITY AVE W #309C SAINT PAUL, MN 55104	\$ 3,770	\$	\$ 3,770
9/9	# 30558	EDUCATION MINNESOTA PAC 41 SHERBURNE AVE. SAINT PAUL, MN 55103	\$ 250,000	\$	\$ 250,000
9/13	# 30245	MN NURSES ASSOCIATION 345 RANDOLPH AVENUE ST. PAUL, MN 55102	\$ 25,000	\$	\$ 25,000
9/13	# 30631	HRC EQUALITY VOTES MINNESOTA 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036	\$ 110,000	\$	\$ 110,000
	#		\$	\$	\$
	#		\$	\$	\$
Total of non-itemized receipts			\$ 493,870	\$	\$ 493,870
TOTALS			\$ 1,362,870	\$	\$ 1,362,870
			To pg. 3, line 2, col. 1	To pg. 3, line 2, col. 3	To pg. 3, line 2, col. 4

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

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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 #309 B ST. PAUL, MN 55104	\$ 700,000	\$	\$ 700,000
8/13	# 80024	ALLIANCE FOR A BETTER MN ACTION FUND 1600 UNIVERSITY AVE W #309 B ST. PAUL, MN 55104	\$ 200,000	\$	\$ 200,000
8/30	# 80024	ALLIANCE FOR A BETTER MN ACTION FUND 1600 UNIVERSITY AVE W #309 B ST. PAUL, MN 55104	\$ 233,770	\$	\$ 233,770
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
Total of non-itemized contributions/disbursements			\$ 1,133,770	\$	\$ 1,133,770
TOTALS			\$ 1,133,770	\$	\$ 1,133,770
			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 SEIU COPE (Service Employees International Union Committee on Political Education)	Name of officer responsible for this statement Anna Burger
Address 1800 Massachusetts Ave NW	Email address of officer stburger@seiu.org
City, state, zip Washington, DC 20036	Display phone number of officer (202) 730-7000

Information on Contribution to Independent Expenditure Committee or Fund

Recipient independent expenditure committee or fund name The 2010 Fund	Date of Contribution
Address 1600 University Ave W #309C	Amount of Contribution \$100,000.00
City, state, zip Saint Paul, MN 55104	For article-fee contribution provide a brief description of the item or service given n/a

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, Anna Burger, certify that this report is complete, true, and correct.
(print or type name)

Anna Burger
Signature of Officer

8/9/2010
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.

This document is available in alternative formats to individuals with disabilities by calling (651)296-5148; (800)657-3889; or through the Minnesota Relay Service at (800)627-3529.

Schedule A1 - Source of Funding for Contribution

Make photocopies of this page if additional space is needed

Instructions of Back

Name and full address of itemized sources of funding.	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Line A - Total of itemized sources of funding.	\$ \$0.00
Line B - Amount of the contribution that is attributable to underlying sources that are not required to be itemized.	\$ \$100,000.00
Line C - Amount of contribution derived from business revenue.	\$ \$0.00
Line A + Line B + Line C = TOTAL AMOUNT OF CONTRIBUTION	\$100,000.00

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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 WIN Minnesota	Name of officer responsible for this statement Ken Martin
Address 1600 University Avenue W #309C	Email address of officer kmartin@winminnesota.org
City, state, zip Saint Paul, MN 55104	Daytime phone number of officer (651) 647-2647

Information on Contribution to Independent Expenditure Committee or Fund

Recipient Independent Expenditure Committee or Fund Name The 2010 Fund	Date of Contribution August 30, 2010
Address 1600 University Avenue W #309C	Amount of Contribution \$50,000.00
City, state, zip Saint 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, Ken Martin, certify that this report is complete, true, and correct.
(print or type name)

Signature of Officer

9/13/10
Date

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Schedule A1 - Source of Funding for Contribution

Make photocopies of this page if additional space is needed

Page 1 of 1

Instructions of Back

Name and full address of itemized sources of funding.	Amount
National Education Association 1201 16th St. NW Washington, DC 20036	\$ \$50,000.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Line A - Total of itemized sources of funding.	\$
Line B - Amount of the contribution that is attributable to underlying sources that are not required to be itemized.	\$ \$50,000.00
Line C - Amount of contribution derived from business revenue.	\$
Line A + Line B + Line C = TOTAL AMOUNT OF CONTRIBUTION	\$50,000.00

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