

Minnesota
**Campaign Finance and
Public Disclosure Board**

11 JAN 31 AM 7:44
CAMPAIGN FINANCE &
PUBLIC DISCLOSURE BOARD



Suite 180 - Centennial Office Building - 658 Cedar Street - St. Paul MN 55155-1803 - www.cfboard.state.mn.us
Email at: cfboard@state.mn.us

**Report of Receipts and Expenditures for
Independent Expenditure Committees and Independent Expenditure Funds**
Period covered: January 1 through December 31, 2010
REPORT DUE DATE IS January 31, 2011

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.

COMMITTEE OR FUND INFORMATION

Committee or fund name MNs for Personal Choice & Comp. in Health Care	Registration number 41034
Treasurer name Chris Schneeman	Treasurer email address cschneeman@sevenhillsservice.com
Treasurer address 345 St Peter St Ste 2040	
Treasurer city, state, zip St Paul MN 55102	Treasurer telephone (daytime) 651.209.9812

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.

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

Jan 29 11 02:25p

Dave Racer

6517712311

p.2

COMMITTEE OR FUND TRANSACTION SUMMARY

1	Beginning cash balance 1/1/10 (should be the same as the 12/31/09 ending cash balance)		\$ 0.00			
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	\$ 15601		\$	\$ 15601
3	Total contributions received from unregistered associations that was derived from business revenue	Sch. A1 - BR	\$		\$	
4	Total contributions received from unregistered associations that was derived from fees, dues, and contributions.	Sch. A1 - UA	\$		\$	\$
5	Receipts from loans payable	Sch. A2 - LP	\$			\$
6	Miscellaneous income	Sch. A2 - MISC	\$ 350.23			\$ 350.23
7	TOTAL RECEIPTS	Sum #2 thru #6	\$ 15951.23		\$	\$ 15951.23
B	DISBURSEMENTS:		Cash (Col. 1)	Unpaid bills (Col. 2)	In-kind (Col. 3)	Total (Col. 4)
8	Expenditures	Sch. B1 - EXP	\$ 15946.48	\$	\$	\$ 15946.48
9	Contributions to Independent Expenditure Committees and Funds	Sch. B2 - IND PAC	\$	\$	\$	\$
10	Independent expenditures See required form on page 16	Sch. B2 - IND	\$	\$	\$	\$ 15946.48
11	TOTAL EXPENDITURES	Sum #8 thru #10	\$ 15946.48	\$	\$	\$ 4.75
12	Ending cash balance 12/31/10	#1 + #7 - #11	\$ 4.75			

LOANS SUMMARY

Total of all loans owed by your committee as of December 31, 2010, including all previous years.	\$ 0
Total of all loans owed to your committee as of December 31, 2010, including all previous years.	\$ 0

CERTIFICATION

I, Christopher K. Schneeman certify that this report is complete, true, and correct.
(Print or type name)

Signature of treasurer or deputy treasurer (check one) Date 1/28/2011

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

Page ____ of ____

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
	#	See attached Excel Spreadsheet	\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
Total of non-itemized receipts			\$	\$	\$
TOTALS			\$	\$	\$
			To pg. 3, line 2, col. 1	To pg. 3, line 2, col. 3	To pg. 3, line 2, col. 4

Minnesotans for Personal Choice and Competition in Healthcare
Contributions received in excess of \$100 Aggregate
All contributions through December 31, 2010

Date	Donor	Employer	Street	City, State, Zip	Amount
6/15/2010	DGRCommunications, Inc.		1535 Barclay St	St Paul MN 55106-1405	100
6/22/2010	David Martin Agency, Inc.		6800 France Av S Ste 735	Edina MN 55435-1989	1000
6/24/2010	Michele Maher	Cleveland Company	3108 Chelsea Ct	Burnsville MN 55337	250
6/28/2010	Donald Schreifels & Assoc. Inc.		6900 Wedgewood Rd Ste 340	Maple Grove MN 55311	500
6/30/2010	Bradley Borg	James Borg Agency	164 Wendy Ct	Shoreview MN 55126	250
6/30/2010	Comprehensive Benefits, Inc.		15153 Technology Dr	Eden Prairie MN 55344	2500
6/30/2010	Ron Grams	Insurance Matt Online	11555 54th Av N	Plymouth MN 55442	100
7/20/2010	Dennis Stolp	Comprehensive Benefits, Inc.	15153 Technology Dr	Eden Prairie MN 55344	500
7/22/2010	Mark Steege	Sage Beacon Partners	2600 Eagan Woods Dr	Eagan MN 55121	500
8/2/2010	Eric Nuytten	Affiliated Benefit Group	5135 Country Cir	Greenfield MN 55357	1000
8/3/2010	Jim Kohout Agency, Inc.		17344 Deerfield Dr SE	Prior Lake MN 55372	500
8/4/2010	DeWayne Mickle		36 W 104th St	Bloomington MN 55420	280
8/5/2010	Gary Wert	Insurance Sales	3173 Shady Cove Pt NW	Prior Lake, MN 55372-1656	2000
8/9/2010	Al DeRuyter	Apprize	10201 Wayzata Blv Ste 135	Minnetonka MN 55305	300
8/9/2010	James Williams	Minnesota Health Coverage, Inc.	4354 Briarwood Ln	Minnetonka MN 55343	1000
8/23/2010	Harian V Johnson Agency, Inc.		31113 Front St	Pequot Lakes MN 56472-0373	200
8/23/2010	Leroy B Sundborn	Retired	41283 141st Ave	Clearbrook MN 56634	100
8/27/2010	David Pollard	Johnson Insurance Consultants	302 W Superior St #400	Duluth MN 55802	500
9/7/2010	Cleveland Maher, LLC		1650 W 82nd St Ste 850	Minneapolis MN 55431	1000
9/15/2010	Mark Jurchen	Insurance Sales	31378 Lakeside Av	Pequot Lakes MN 56472	100
9/20/2010	Tom Mayer	Direct Benefits, Inc.	325 Cedar St Ste 800	St Paul MN 55101	100
10/8/2010	Kurt Foster	Insurance Sales	8560 County Rd 23 SE	Becker MN 55308	100
10/15/2010	Jack Butalla	Insurance Sales	114 Chestnut St	Virginia MN 55792	100
10/12/2010	Tom Rosen	Rosens Diversified	1120 Lake Ave	Fairmont MN 56031	1000
10/15/2010	Paul Bunyan Asso. Of Life Underwriters		PO Box G	Verndale MN 56481	500
11/10/2010	Financial Concepts, Inc.		9655 Schmidt Lk Rd	Plymouth MN 55442	500
			Contributions from sources \$100 or greater		14980
			Combined contributions from individuals less than \$100		621
			Total Contributions		15601

SCHEDULE A2 - LP - RECEIPTS FROM LOANS PAYABLE (OWED BY COMMITTEE OR FUND)

Make photocopies of this page if additional space is needed.

Page ____ of ____

Date	Name and full address Name of employer if individual (if self-employed, list "self" & disclose the occupation)	Total receipts from loans payable
		\$
		\$
		\$
		\$
Total of non-itemized receipts		\$
TOTALS		\$
		To pg. 3, line 5, col. 1 & 4

SCHEDULE A2 - MISC - RECEIPTS FROM MISCELLANEOUS INCOME

Date	Name and full address	Description or purpose of miscellaneous income	Total receipts from miscellaneous income
12/21/10	DGRCommunications 1535 Barclay St, St Paul MN 55106	Refund	\$ 350.00
			\$
			\$
			\$
Total of non-itemized receipts			\$
TOTALS			\$ 350.00
			To pg. 3, line 6, col. 1 & 4

SCHEDULE B1 - EXP - EXPENDITURES

Page _____ of _____

Make photocopies of this page if additional space is needed.

Date	Name and full address of payee, including third party payees	Specific purpose of expenditure	1 Cash	2 Unpaid bills	3 In-kind (list item & fair market value)	4 Total Cash & Unpaid & In-kind
	See attached spreadsheet		\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Total of non-itemized expenditures/disbursements			\$	\$	\$	\$
TOTALS			\$	\$	\$	\$
			To pg. 3, line 8, col. 1	To pg. 3, line 8, col. 2	To pg. 3, line 6, col. 3	To pg. 3, line 8, col. 4

Jan 29 11 02:26p

Dave Racer

6517712311

p.7

41034 - Minnesotans for Personal Choice and Competition in Healthcare
Payees Above \$100 - Through December 31, 2010
Schedule B1-Exp

Payee	Address1	City, State, Zip	Purpose	Amount
Alethos Press LLC	PO Box 600160	St Paul MN 55106	Credit Card Expenses	173.26
BE Writing and Communication	5225 Lincoln St NE	Fridley MN 55421	Public Relations Consultant	\$650.00
Bethany Press International	6820 W 115th St	Bloomington, MN	Brochure printing	\$879.83
DGRCommunications, Inc.	1535 Barclay St	St Paul, MN 55106	Campaign Mgmt and Remimburses	\$8,294.94
Danger Studios	1219 Marquette Av	Minneapolis MN 55403	Audio/Video Reproduction	\$450.00
Hertz Rent-A-Car	4300 Glumack Drive	St. Paul, MN 55111	Travel Expense	\$388.87
Holiday Inn	200 W 1st St	Duluth MN 55802	Travel Expense	\$208.08
Holiday Inn & Suites	75 S 37th Av	St Cloud MN 56301	Travel Expense	\$179.70
Holiday Inn, Fairmont	16282 Us Highway 2	Fairmont MN 56031	Travel Expense	\$130.20
Justen Douglas	29718 Helium St. NW	Cambridge MN 55008	Casual Labor	\$302.50
OfficeMax	1731 Beam Av	Maplewood, MN 55109	Printing - Office Supplies	\$1,076.22
PayPal	Online	www.paypal.com	Credit Card Expenses	\$175.19
Ramada Plaza	1635 42nd St S	Fargo ND 58103	Travel Expense	\$337.19
Rosanne Racer	1535 Barclay St	St Paul MN 55101-1405	Reimbursement - Casual Labor	\$200.00
State of Minnesota	Department of Revenue	St Paul MN	Penalties	\$850.00
SuperAmerica	Various Locations	Minnesota	Travel Expense	\$111.04
Three Crowns Dining/Clarion Inn	1630 S. Broadway	Rochester, MN 55904	Townhall Meeting Room-Food	\$454.15
TRL Consulting LLC	1126 Ashlund Av	St Paul MN 55104	Actuarial Consulting	\$800.00
Total Greater Than \$99.99 Aggregate				\$15,661.17
Total of All Less Than \$100.00 Aggregate				\$285.31
Total Expenses				\$15,946.48