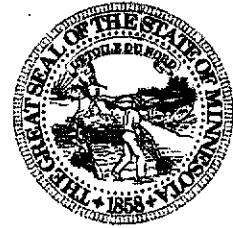


Minnesota

Campaign Finance and Public Disclosure Board

11 JAN 31 PM 1:13

CAMPAIGN FINANCE & PUBLIC DISCLOSURE BOARD



Suite 190, Centennial Office Building, 658 Cedar Street, St. Paul, MN 55155-1603, www.cfb.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 Pro Jobs Majority	Registration number 41047
Treasurer name David C. Olson	Treasurer email address dolson@mnechamber.com
Treasurer address 400 Robert St N, Suite 1500	
Treasurer city, state, zip St. Paul, MN 55101	Treasurer telephone (daytime) (651) 292-4650

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:

_____, I, 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 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)		\$ 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	\$ 2,000.00		\$	\$
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	\$ 20,510.00		\$ 1,607.91	\$
5	Receipts from loans payable	Sch. A2 - LP	\$			\$
6	Miscellaneous income	Sch. A2 - MISC	\$			\$
7	TOTAL RECEIPTS	Sum #2 thru #6	\$ 22,510.00			\$
B	DISBURSEMENTS:		Cash (Col. 1)		Unpaid bills (Col. 2)	In-kind (Col. 3)
8	Expenditures	Sch. B1 - EXP	\$ 16.00	\$	\$	\$
9	Contributions to Independent Expenditure Committees and Funds	Sch. B2 - IND PAC	\$ 10,000.00	\$	\$	\$
10	Independent expenditures <i>See required form on page 16</i>	Sch. B2 - IND	\$ 10,950.00	\$	\$	\$
11	TOTAL EXPENDITURES	Sum #8 thru #10	\$ 20,966.00	\$	\$	\$
12	Ending cash balance 12/31/10	#1 + #7 - #11	\$ 1,544.00			

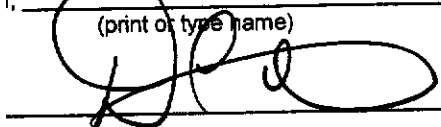
LOANS SUMMARY

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

CERTIFICATION

I, _____, certify that this report is complete, true, and correct.

(print or type name)



1/26/11

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 - UA - OTHER CONTRIBUTIONS FROM UNREGISTERED ASSOCIATIONS

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
10/20/10	Hubbard Broadcasting, Inc 3415 University Avenue St. Paul, MN 55114	\$ 20,000.00	\$	\$	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10/28/10	Medtronic Inc 710 Medtronic Parkway Minneapolis, MN 55432	\$ 10,000.00	\$	\$	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12/31/10	Minnesota Chamber of Commerce 400 Robert Street North Suite 1500 St. Paul, MN 55101	\$	\$ 1,607.91	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10/28/10	Model College of Hair Design 201 - 8th Ave S St. Cloud, MN 56301	\$ 500.00	\$	\$	<input type="checkbox"/> Yes <input checked="" 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		\$ 10.00	\$	\$	
TOTALS		\$ 20,510.00	\$ 1607.91	\$	
		To pg. 3, line 4, col. 1	To pg. 3, line 4, col. 3	To pg. 3, line 4, col. 4	

It is unlawful to use this information for commercial purposes.

Minnesota

**Campaign Finance and
Public Disclosure Board**

Suite 190 Centennial Office Building 658 Cedar Street St. Paul MN 55155-1803 www.cboard.state.mn.us



**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 Hubbard Broadcasting, Inc.	Name of officer responsible for this statement David A. Jones
Address 3415 University Avenue	Email address of officer djones@hbi.com
City, state, zip St. Paul, Minnesota 55114	Daytime phone number of officer 651-646-5555

Information on Contribution to Independent Expenditure Committee or Fund

Recipient Independent Expenditure Committee or Fund Name Pro Jobs Majority	Date of Contribution 10/18/2010
Address 400 Robert Street North, No. 1500	Amount of Contribution \$10,000.00
City, state, zip St. Paul, Minnesota 55101	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, David A. Jones, certify that this report is complete, true, and correct.
(print or type name)

David A. Jones
Signature of Officer Vice President/General Counsel

October 22, 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.

Minnesota

**Campaign Finance and
Public Disclosure Board**

Suite 190 - Centennial Office Building - 658 Cedar Street - St. Paul, MN 55155-1603 - www.cboard.state.mn.us


**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 <i>MEDTRONIC, INC</i>	Name of officer responsible for this statement <i>ROB CLARK</i>
Address <i>710 Medtronic Parkway</i>	Email address of officer <i>rob.clark@medtronic.com</i>
City, state, zip <i>Minneapolis, MN 55432</i>	Daytime phone number of officer <i>763 505 2635</i>

Information on Contribution to Independent Expenditure Committee or Fund

Recipient independent expenditure committee or fund name <i>PRO JOBS MAJORITY</i>	Date of Contribution <i>10/26/10</i>
Address <i>400 ROBERT ST. N, STE 1500</i>	Amount of Contribution <i>\$10,000.00</i>
City, state, zip <i>ST. PAUL, MN 55101</i>	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, ROBERT E. CLARK, certify that this report is complete, true, and correct.
(print or type name)

Robert E. Clark
Signature of Officer

10/27/10
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.

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 B1 - EXP - EXPENDITURES

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
10/30/10	Wells Fargo Bank 670 McKnight Rd N St. Paul, MN 55119		\$ 8.00	\$	\$	\$
11/31/10	Wells Fargo Bank 670 McKnight Rd N St. Paul, MN 55119		\$ 8.00	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Total of non-itemized expenditures/disbursements			\$	\$	\$	\$
TOTALS			\$ 16.00	\$	\$	\$
			To pg. 3, line 8, col. 1	To pg. 3, line 8, col. 2	To pg. 3, line 8, col. 3	To pg. 3, line 8, col. 4

SCHEDULE B2 – IND PAC - CONTRIBUTIONS TO INDEPENDENT EXPENDITURE COMMITTEES AND INDEPENDENT EXPENDITURE 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
11/19/10	# 42045	Committee to Stop Wasteful Spending PO Box 310 Circle Pines, MN 55014	\$ 10,000.00	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
Total of non-itemized contributions/disbursements			\$	\$	\$
TOTALS			\$10,000.00	\$	\$
			To pg 3, line 9, col. 1	To pg 3, line 9, col 3	To pg 3, line 9, col 4

It is unlawful to use this information for commercial purposes.

SCHEDULE B3 - IND - INDEPENDENT EXPENDITURES

Make photocopies of this page if additional space is needed.

**FOR STATE LEGISLATIVE, CONSTITUTIONAL AND JUDICIAL OFFICE CANDIDATES ONLY
LIST INDEPENDENT EXPENDITURES FOR LOCAL CANDIDATES ON SCHEDULE B1 - EXPENDITURES**

Name of candidate affected and office sought (List last name, first name)	Candidate Registration Number	Date of Expenditure	Check One Candidate Expenditure is		Vendor (Name and Address of Vendor Paid)	Specific purpose of expenditure	1 Cash	2 Unpaid bills	3 In-kind (list item & fair market value)	4 Total	
			For	Against							
Downey, Keith	# 16633	10/20/10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weber Johnson Public Affairs, LLC 235 E 6th St, Ste 400A St. Paul, MN 55101	mailing	\$ 5175.00	\$	\$	\$ 5175.00	
Mazorol, Patrick	# 16963	10/20/10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weber Johnson 235 E 6th St, Ste 400A St. Paul, MN 55101	Mailing	\$ 5175.00	\$	\$	\$ 5175.00	
Downey, Keith	# 16633	10/26/10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weber Johnson 235 E 6th St Ste 400A St. Paul, MN 55101	Mailing/ Vote List Purchase	\$ 300.00	\$	\$	\$ 300.00	
Mazorol, Patrick	# 16963	10/26/10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weber Johnson 235 E 6th St Ste 400A St. Paul, MN 55101	Mailing/ Vote List Purchase	\$ 300.00	\$	\$	\$ 300.00	
	#		<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$	\$	
	#		<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$	\$	
Total of non-itemized expenditures/disbursements							\$	\$	\$	\$	
TOTALS							\$ 10,950.-	\$	\$	\$	\$ 10,950.00
							To p. 3, line 10, col. 1	To p. 3, line 10, col. 2	To p. 3, line 10, col. 3	To p. 3, line 10, col. 4	

It is unlawful to use this information for commercial purposes.

INSTRUCTIONS FOR SCHEDULE B3 - IND

Use this schedule to itemize independent expenditures made by your committee or fund to advocate the election or defeat of a state legislative, judicial or constitutional office candidate only.

Independent expenditure definition:

- An independent expenditure is an expenditure that advocates the election or defeat of a clearly identified candidate that is made without the express or implied consent, authorization, cooperation of, and not in concert with, or at the request or suggestion of any candidate, candidate's treasurer, or candidate's agent.

Reporting Instructions for Independent Expenditures

- List independent expenditures alphabetically by the last name of the candidate that the expenditure was for or against.
- In the vendor column, list the name and address of the vendor paid. Use additional rows for multiple independent expenditures affecting the same candidate.
- Itemize an expenditure to a particular vendor only if your committee spent more than \$100 with the vendor on independent expenditures. For example, if your committee purchased a \$50 advertisement for candidate A and another advertisement worth \$60 for candidate B you would list the vendor for each candidate because total independent expenditures with the vendor exceeds \$100. You only need to provide the address of a vendor the first time you list the vendor on schedule B3.
- If you do not spend more than \$100 with a vendor on independent expenditures you do not itemize the expenditures to that vendor under any candidate's name. Instead you include the amount in the Non-itemized Independent Expenditure total at the bottom of the schedule.
- Be sure to indicate if each itemized expenditure was for or against the candidate.
- If your committee makes an independent expenditure that lists more than one candidate you must allocate the cost of the expenditure between the candidates and report the allocated amount under each candidate's name.
- Return a completed Affidavit of Independent Expenditures (on the bottom of this page) with your report.

AFFIDAVIT OF INDEPENDENT EXPENDITURES

USE THIS FORM ONLY IF YOUR COMMITTEE MADE INDEPENDENT EXPENDITURES RELATED TO STATE LEGISLATIVE, JUDICIAL, OR CONSTITUTIONAL OFFICE

State of Minnesota, County of Ramsey) ss

I, the undersigned treasurer, being first duly sworn, states as follows:

1. The Pro Jobs Majority made independent expenditures as described on schedule B3-Ind of the report which this affidavit accompanies. The independent expenditures made by the committee or fund were not made with the authorization or expressed or implied consent of, or in cooperation or in concert with, or at the request or suggestion of any candidate, any candidate's principal campaign committee or agent.

Notarization

Sworn to and subscribed before me this 26th day of Jan, 20 11.

[Signature]
Signature of treasurer

1/26/11
Date signed

[Signature]
Signature of notary public or other officer empowered to administer oaths

Notary Seal

