



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

THIS IS THE BEGINNING OF MUR # 4734

DATE FILMED 12/2/98 CAMERA NO. 3

CAMERAMAN ESS

93043901679



The Minnesota
Democratic-Farmer-Labor Party

Dick Senese, Chair Gail Huntley, Associate Chair

352 Wacouta Street, Saint Paul, Minnesota 55101
Phone: 612-293-1200 Toll Free: 800-999-7457 Fax: 612-293-0706

Federal Election Commission
999 E St. NW
Washington DC 20463

MUR 4734

March 27, 1998

Dear FEC,

I am writing to file a complaint against Dennis Newinski and his campaign committee, the Dennis Newinski for Congress Committee. Mr. Newinski is a candidate for Congress from Minnesota's Fourth Congressional District. As of March 4, 1998, Mr. Newinski's January 31 year end report on file at the FEC and the Minnesota's Secretary of State's office fails to provide full disclosure of contributions to his campaign as required by the FEC.

Candidates for Congress are required to disclose the name, address, zip code, employer and occupation of all contributors who have exceeded the \$200 contribution threshold. In his January 31 report, Mr. Newinski lists 51 such contributors. However, the campaign provides all the information required for only six contributors (13%). For the other 87% of the contributors, some or none of the required information is included. The information is so incomplete that Mr. Newinski lists only the last name of one contributor.

In addition, the report available to the public is virtually unreadable. The report is so smudged that an individual cannot decipher the names of most contributors. Mr. Newinski may feel that contributors to his campaign should be kept secret but the law requires disclosure.

I bring this matter to your attention because Mr. Newinski is not a political amateur. He ran three times for the Minnesota legislature and is in his third consecutive race for Congress. This is not a case of Mr. Newinski being unaware of the law or the disclosure requirements or making a simple error. Nor is my complaint based on some technicality. The fact that 87% of the contributors are not adequately disclosed indicates a blatant disregard for the spirit and the letter of the law.

As the enclosed exhibits indicate, I believe this matter is a serious violation of our campaign laws and should be vigorously pursued.

Sincerely,

[Signature]
Dick Senese, Chair
Minnesota Democratic Farmer Labor Party
352 Wacouta Street
Saint Paul, MN 55101
612-293-1200

*Subscribed and sworn to me
this 27 day of March 1998.*



REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

04

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) DENNIS NEWINSKI		2. FEC IDENTIFICATION NUMBER C00284216
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 3468 Rice St		
CITY, STATE and ZIP CODE ST PAUL MN 55126	STATE/DISTRICT MN 4TH	
		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report ☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- ☐ July 15 Quarterly Report ☐ 30-Day Post-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- ☐ October 15 Quarterly Report ☐ 30-Day Post-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- ☒ January 31 Year End Report ☐ Termination Report
- ☐ July 31 Mid-Year Report (Non-election Year Only)

This report contains activity for

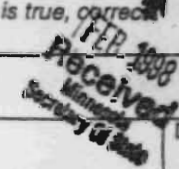
- ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7-1-97 through 12-31-97		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	45220.00	86696.00
(b) Total Contribution Refunds (from Line 20(d))	-	-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	45220.00	86696.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24397.11	45734.39
(b) Total Offsets to Operating Expenditures (from Line 14)	-	35.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	24397.11	45699.39
8. Cash on Hand at Close of Reporting Period (from Line 27)	31630.07	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	11040.50	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll-Free 800-424-9530
Local 202-219-3420

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 RICHARD RIEVER	
Signature of Treasurer <i>Richard Riever</i>	
Date 1-31-98	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full)

DENNIS NEWINSKI FOR CONGRESS

Report Covering the Period:

From: *7-1-97*

To: *12-31-97*

I. RECEIPTS

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A) -----

(ii) Unitemized -----

(iii) Total of contributions from individuals -----

(b) Political Party Committees -----

(c) Other Political Committees (such as PACs) -----

(d) The Candidate -----

(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----

COLUMN A
Total This Period

COLUMN B
Calendar Year-To-Date

28100.00

17120.00

45220.00

—

—

—

45220.00

80196.00

500.00

—

—

80696.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----

13. LOANS:

(a) Made or Guaranteed by the Candidate -----

(b) All Other Loans -----

(c) TOTAL LOANS (add 13(a) and (b)) -----

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----

15. OTHER RECEIPTS (Dividends, Interest, etc.) -----

16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----

45220.00

80731.00

II. DISBURSEMENTS

17. OPERATING EXPENDITURES -----

18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed by the Candidate -----

(b) Of All Other Loans -----

(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees -----

(b) Political Party Committees -----

(c) Other Political Committees (such as PACs) -----

(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----

21. OTHER DISBURSEMENTS -----

22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----

24397.11

45734.39

1000.00

3500.00

1000.00

3500.00

—

—

25397.11

49234.39

III. CASH SUMMARY

CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----

\$ 11807.18

TOTAL RECEIPTS THIS PERIOD (from Line 16) -----

\$ 45220.00

SUBTOTAL (add Line 23 and Line 24) -----

\$ 57027.18

TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----

\$ 25397.11

CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----

\$ 31630.07

Name of Committee (in Full)

DENNIS NEWINSKI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code of Loan Source <i>DENNIS NEWINSKI</i>		Original Amount of Loan <i>12,000 -</i>	Cumulative Payment To Date <i>11,000.00</i>	Balance Outstanding at Close of This Period <i>1,000.00</i>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr)		<input type="checkbox"/> Secured		
List All Endorsers or Guarantors (If any) to Item A				
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr)		<input type="checkbox"/> Secured		
List All Endorsers or Guarantors (If any) to Item B				
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional) _____

TOTALS This Period (last page in this line only) _____

1,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

98043901683

DEBTS AND OBLIGATIONS

Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

of Committees (in Full)

DENNIS NEWINSKI FOR CONGRESS

Outstanding
Balance Beginning
This Period

Amount
Incurred
This Period

Payment
This
Period

Outstanding
Balance at Close
of This Period

A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

ENGLEWOOD PRINTING
710 N SWELLING AVE
ST PAUL MN 55104

0

1,224.81

0

1,224.81

Nature of Debt (Purpose):

PRINTING - CAMPAIGN MATERIALS

B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

POLITE!
1919 UNIVERSITY AVE W
ST PAUL MN 55104

0

6057.45

0

6057.45

Nature of Debt (Purpose):

TELEMARKETING - FUND RAISING

C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

CAPITOL DIRECT
289 E 5TH STREET
ST PAUL MN 55101

0

1797.26

0

1797.26

Nature of Debt (Purpose):

CREATING & MAILING CAMPAIGN MATERIALS

D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

CHURCH OFFSET PRINTING
60 E 6TH ST
ST PAUL MN 55101

0

960.98

0

960.98

Nature of Debt (Purpose):

E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

Nature of Debt (Purpose):

F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

Nature of Debt (Purpose):

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page in this line only)

10040.50

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

1000.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

11040.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 19a

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)

Dennis Newinski For Congress

A. Full Name, Mailing Address and ZIP Code <i>DENNIS NEWINSKI</i> <i>2198 MAPLEVIEW</i> <i>MAPLEWOOD MN 55109</i>	Purpose of Disbursement <i>REPAY LOAN</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>11-12-97</i>	Amount of Each Disbursement This Period <i>1000.00</i>
B. 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
C. 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
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)

1000.00

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NAME OF COMMITTEE (in full)

DENNIS NEWNSKI For Congress

<p>A. Full Name, Mailing Address and ZIP Code John Kinkad 1000 1st St St Paul, MN 55102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NATIONAL LAWNMOWER Occupation Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 7-1-97</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Bruce Dayton 1000 1st St St Paul, MN 55102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer OKADENA Co Occupation CEO Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 7-22-97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Adm. HARD 1000 1st St St Paul, MN 55102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 7-28-97</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code WINDERMAN MARK 510 SUMAC LANE NE ROCHESTER MN 55906 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 525.00</p>	<p>Date (month, day, year) 8-15-97 8-15-97</p>	<p>Amount of Each Receipt this Period 500.00 25.00</p>
<p>E. Full Name, Mailing Address and ZIP Code ELSHALTZ JR W.E. 1000 1st St St Paul, MN 55102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer OVERNIGHT EXPRESS Occupation Exec Aggregate Year-to-Date > \$ 800.00</p>	<p>Date (month, day, year) 8-15-97 12-26-97</p>	<p>Amount of Each Receipt this Period 300.00 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Hammerly H-A. 649 IVY FALLS CT MENDOTA MN 55118 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired Occupation Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 8-26-97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code GILLICKSON JR. Wm 1000 1st St St Paul, MN 55102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer McGonigley King Cox Occupation Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 8-26-97</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

4125-

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)
DENNIS NEWINSKI FOR CONGRESS

<p>A. Full Name, Mailing Address and ZIP Code BRACE HER FOOT Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer SELF EMPLOYED Occupation BUSINESS OWNER Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 8-26-97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code CHARLES MICHEL Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 8-26-97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code THOMAS MAIRS 544 HIGHVIEW CIR S MINNETONKA HTS MN 55118 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 275.00</p>	<p>Date (month, day, year) 8-26-97 11-15-97 12-31-97</p>	<p>Amount of Each Receipt this Period 125.00 100.00 50.00</p>
<p>D. Full Name, Mailing Address and ZIP Code ALAN HORNER Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 9-29-97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code PERSON GRIEVE Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 9-30-97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code W D MAC MILLAN Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 9-30-97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code W F PICKARD 14009 PRESCOTT CIR EDINA MN 55436 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$ 575.00</p>	<p>Date (month, day, year) 9-29-97</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional) **2525.00**

TOTAL This Period (last page this line number only)

EDULEIA

ITEMIZED RECEIPTS

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

 PAGE 3 OF 8
FOR LINE NUMBER
11A- (1)

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)
DENNIS NEWINSKI For Congress

A. Full Name, Mailing Address and ZIP Code EDWARD HAWKINS 17405 MN	Name of Employer Retired	Date (month, day, year) 9-29-97 12-5-97	Amount of Each Receipt this Period 500.00 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1500.00	
B. Full Name, Mailing Address and ZIP Code JIM ADAM	Name of Employer	Date (month, day, year) 9-29-97	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code ROBERT GANDRUD	Name of Employer	Date (month, day, year) 9-20-97	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code ROY HAUSER F.T. 610 WENTWORTH AVE ST. PAUL MN 55118	Name of Employer CLEARWATER MGMT Co	Date (month, day, year) 9-20-97	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXEC	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code ROBERT 11 OAKS MN 55127	Name of Employer CONTROL SYSTEMS INC	Date (month, day, year) 10-9-97	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EXEC	Aggregate Year-to-Date > \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code RICHARD CECCHETTINI 2503 PANAMA AVE PRIME LAKE MN 55372	Name of Employer OLD REPUBLIC TITLE INS	Date (month, day, year) 10-9-97	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 1500.00	
G. Full Name, Mailing Address and ZIP Code ROBERT 6005 MARTIN LAKE Rd EXCELSIOR MN 55331	Name of Employer BANNER ENGINEERING	Date (month, day, year) 10-9-97	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation EXEC	Aggregate Year-to-Date > \$ 2000.00	

SUBTOTAL of Receipts This Page (optional)

5450

TOTAL This Period (last page this line number only)

EDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 6
FOR LINE NUMBER 11A (1)

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)

DENNIS NEWINSKI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

MCGOUGH LAWRENCE

Name of Employer

MCGOUGH CONST

Date (month, day, year)

10-9-97

Amount of Each Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General

Other (specify):

Occupation

EXEC

Aggregate Year-to-Date > \$

500.00

B. Full Name, Mailing Address and ZIP Code

CHARLTON DIETZ

Name of Employer

Date (month, day, year)

10-9-97

Amount of Each Receipt this Period

250.00

Receipt For: ☒ Primary ☐ General

Other (specify):

Occupation

12-26-97

250.00

Aggregate Year-to-Date > \$

550.00

C. Full Name, Mailing Address and ZIP Code

VASKO Roger
2924 Helen ST N
N ST PAUL MN 55109

Name of Employer

Date (month, day, year)

10-9-97

Amount of Each Receipt this Period

250.00

Receipt For: ☒ Primary ☐ General

Other (specify):

Occupation

12-5-97

100.00

Aggregate Year-to-Date > \$

350.00

D. Full Name, Mailing Address and ZIP Code

LANNERS Leonette

Name of Employer

Date (month, day, year)

11-15-97

Amount of Each Receipt this Period

2000.00

Receipt For: ☒ Primary ☒ General

Other (specify):

Occupation

Aggregate Year-to-Date > \$

2000.00

E. Full Name, Mailing Address and ZIP Code

CHARLES OSWALD

Name of Employer

Date (month, day, year)

11-15-97

Amount of Each Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General

Other (specify):

Occupation

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

PARLEY PAT

Name of Employer

Date (month, day, year)

12-5-97

Amount of Each Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General

Other (specify):

Occupation

Aggregate Year-to-Date > \$

500.00

G. Full Name, Mailing Address and ZIP Code

WILSTROM JACK
995 PERKINS AVE N
STILLWATER MN 55082

Name of Employer

PREMIER BANK

Date (month, day, year)

12-5-97

Amount of Each Receipt this Period

100.00

Receipt For: ☐ Primary ☒ General

Other (specify):

Occupation

PRES CEO

Aggregate Year-to-Date > \$

1200.00

SUBTOTAL of Receipts This Page (optional)

4450-

TOTAL This Period (last page this line number only)

EDULE A

ITEMIZED RECEIPTS

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

PAGE OF
5 18
FOR LINE NUMBER
11A (1)

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NAME OF COMMITTEE (in Full)

DEMOCRATIC NEWNSKI For Congress

A. Full Name, Mailing Address and ZIP Code

STRAND DAVE
PRIMROSE CV
Roseville MN 55113

Name of Employer

STATE FARM
INS

Date (month,
day, year)

12-31-97

Amount of Each
Receipt this Period

1000.00

Receipt For: ☐ Primary ☒ General

Other (specify):

Occupation

EXEC

Aggregate Year-to-Date > \$

2000.00

B. Full Name, Mailing Address and ZIP Code

Greg Pulles

Name of Employer

TCF FINANCIAL

Date (month,
day, year)

12-31-97

Amount of Each
Receipt this Period

1000.00

Receipt For: ☒ Primary ☐ General

Other (specify):

Occupation

Gen Counsel

Aggregate Year-to-Date > \$

1000.00

C. Full Name, Mailing Address and ZIP Code

MAC MILLAN Doug

Name of Employer

Date (month,
day, year)

12-31-97

Amount of Each
Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General

Other (specify):

Occupation

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code

PAT ALEXANDER

Name of Employer

Cold Spring GRANITE

Date (month,
day, year)

12-31-97

Amount of Each
Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General

Other (specify):

Occupation

Exec

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

SANKOY JOHNSON

Name of Employer

Date (month,
day, year)

12-26-97

Amount of Each
Receipt this Period

1000.00

Receipt For: ☒ Primary ☐ General

Other (specify):

Occupation

Aggregate Year-to-Date > \$

1000.00

F. Full Name, Mailing Address and ZIP Code

BEDDOR WM

Name of Employer

JAPS-OLSON

Date (month,
day, year)

12-26-97

Amount of Each
Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General

Other (specify):

Occupation

PRES

Aggregate Year-to-Date > \$

500.00

G. Full Name, Mailing Address and ZIP Code

MURRAY SA GT

Name of Employer

MURKIN INC

Date (month,
day, year)

12-26-97

Amount of Each
Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General

Other (specify):

Occupation

PRESIDENT

Aggregate Year-to-Date > \$

600.00

SUBTOTAL of Receipts This Page (optional)

5100

TOTAL This Period (last page this line number only)

EDULE A

ITEMIZED RECEIPTS

Separate schedule(s)
each category of the
Detailed Summary Page

PAGE 6 OF 8
FOR LINE NUMBER 11A (1)

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NAME OF COMMITTEE (in Full)

DENNIS NEWINSKI FOR CONGRESS

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>BERDAS</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>12-26-97</p> <p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>SHALL KUHMEYER</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 550.00</p>	<p>Date (month, day, year)</p> <p>12-26-97</p> <p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>SCHWALE ROBERT</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>12-26-97</p> <p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>BRUCE ENGELSMAN</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>12-26-97</p> <p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>HEATH VERN</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>12-26-97</p> <p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>GIEFF KOLTOS</p> <p>375 CHEYENNE TR</p> <p>WAYZATA MN 55391</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year)</p> <p>12-26-97</p> <p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>MACFALLAND RICHARD</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>11-26-97</p> <p>Amount of Each Receipt this Period</p> <p>500.00</p>

SUBTOTAL of Receipts This Page (optional)

2350-

TOTAL This Period (last page this line number only)

EDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 8
FOR LINE NUMBER
11A (1)

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NAME OF COMMITTEE (in full)

DENNIS NEWINSKI For Congress

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>FRANK R. DEAN</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>10-27-97</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>ANDERSON Elmer L</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>10-27-97</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>CARL DRAKE</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>10-27-97</p> <p>12-26-97</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p> <p>200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>SCANNING HUGH</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>11-7-97</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>KEVIN KOPF</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>11-7-97</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>LOUIE THOMAS</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>11-7-97</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>PAUL RICHARD</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>11-10-97</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 8
FOR LINE NUMBER 11A (1)

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NAME OF COMMITTEE (in Full)

DENNIS NEWINSKI For Congress

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>WILLIAM KETSCHKA</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1000 -</p>	<p>Date (month, day, year)</p> <p>10-27-97</p>	<p>Amount of Each Receipt this Period</p> <p>1000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>SAUL WIM</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>10-27-97</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>1250 -</p>
<p>TOTAL This Period (last page this line number only)</p>			<p>26100.00</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

17

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NAME OF COMMITTEE (in Full)

DENNIS NEWINSKI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ST PAUL POSTMASTER 1015 N ST. PAUL MN ST PAUL MN 55109-9998	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-28 7-29 9-10 10-15 11-12 11-26 11-26	178.85 23.68 96.00 11.43 160.00 20.00 488.10
B. Full Name, Mailing Address and ZIP Code ENGLEWOOD PRINTING 710 N Snelling Ave ST PAUL MN 55104	CAMPAIGN PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-21-97 7-28-97 10-20-97 10-20-97	Amount of Each Disbursement This Period 753.40 714.82 874.57 554.32
C. Full Name, Mailing Address and ZIP Code POLITE! 1919 UNIVERSITY AVE W ST PAUL MN 55104	TELEMARKETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-21-97 10-20-97	Amount of Each Disbursement This Period 1251.50 1500.00
D. Full Name, Mailing Address and ZIP Code ATT WIRELESS BOX 3611 BOTHELL WA 98041	COMMUNICATIONS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-21-97 8-13-97	Amount of Each Disbursement This Period 500.00 700.00
E. Full Name, Mailing Address and ZIP Code RICE ST FESTIVAL ST PAUL MN 55108	PARADE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-7-97	Amount of Each Disbursement This Period 250.00
F. Full Name, Mailing Address and ZIP Code ZANDRA WALCOTT ASSOCIATES 1821 UNIVERSITY AVE ST PAUL MN 55104	CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-1-97 7-25-97 8-27-97	Amount of Each Disbursement This Period 2500.00 3000.00 2200.00
G. Full Name, Mailing Address and ZIP Code BRIDGET CRONIN 914 Euclid ST ST PAUL MN 55106	CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-30-97 9-22-97 11-2-97 11-26-97	Amount of Each Disbursement This Period 2500- 200- 2300- 2500-
H. Full Name, Mailing Address and ZIP Code GRIFFS MIDWAY BLDG MGMT 1821 UNIVERSITY AVE ST PAUL MN 55104	RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-1-97	Amount of Each Disbursement This Period 300.00
I. Full Name, Mailing Address and ZIP Code DENNIS NEWINSKI 2198 MAPLEVIEW MAPLEWOOD MN 55109	PARADE CANDY CAR RENTAL - TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-28-97 8-15-97	Amount of Each Disbursement This Period 222.36 120.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

23919.03



The Minnesota
Democratic-Farmer-Labor Party

Dick Senese, Chair Gail Huntley, Associate Chair

352 Wacouta Street, Saint Paul, Minnesota 55101
Phone: 612-293-1200 Toll Free: 800-999-7457 Fax: 612-293-0706

Federal Election Commission
999 E St. NW
Washington DC 20463

March 5, 1998

Dear FEC,

I am writing to file a complaint against Dennis Newinski and his campaign committee, the Dennis Newinski for Congress Committee. Mr. Newinski is a candidate for Congress from Minnesota's Fourth Congressional District. As of March 4, 1998, Mr. Newinski's January 31 year end report on file at the FEC and the Minnesota's Secretary of State's office fails to provide full disclosure of contributions to his campaign as required by the FEC.

Candidates for Congress are required to disclose the name, address, zip code, employer and occupation of all contributors who have exceeded the \$200 contribution threshold. In his January 31 report, Mr. Newinski lists 51 such contributors. However, the campaign provides all the information required for only six contributors (13%). For the other 87% of the contributors, some or none of the required information is included. The information is so incomplete that Mr. Newinski lists only the last name of one contributor

In addition, the report available to the public is virtually unreadable. The report is so smudged that an individual cannot decipher the names of most contributors. Mr. Newinski may feel that contributors to his campaign should be kept secret but the law requires disclosure.

I bring this matter to your attention because Mr. Newinski is not a political amateur. He ran three times for the Minnesota legislature and is in his third consecutive race for Congress. This is not a case of Mr. Newinski being unaware of the law or the disclosure requirements or making a simple error. Nor is my complaint based on some technicality. The fact that 87% of the contributors are not adequately disclosed indicates a blatant disregard for the spirit and the letter of the law.

As the enclosed exhibits indicate, I believe this matter is a serious violation of our campaign laws and should be vigorously pursued.

Sincerely,

Dick Senese, Chair
Minnesota Democratic Farmer Labor Party
352 Wacouta Street
Saint Paul, MN 55101
612-293-1200

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) DENNIS NEWINSKI		2. FEC IDENTIFICATION NUMBER C00284216
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 3468 Rice St		
CITY, STATE and ZIP CODE ST PAUL MN 55126	STATE/DISTRICT MN 4TH	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report for the _____ (Type of Election)
<input checked="" type="checkbox"/> January 31 Year End Report	election on _____ in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7-1-97 through 12-31-97		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	45220.00	80696.00
(b) Total Contribution Refunds (from Line 20(d))	-	-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	45,220.00	80696.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24397.11	45734.39
(b) Total Offsets to Operating Expenditures (from Line 14)	-	35.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	24397.11	45699.39
8. Cash on Hand at Close of Reporting Period (from Line 27)	31630.07	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	11040.50	

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 RICHARD RIENER	FEB 1998 Received Minnesota Secretary of State	Date 1-31-98
Signature of Treasurer <i>Richard Riener</i>		

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full)

DENNIS NEWINSKI FOR CONGRESS

Report Covering the Period:

From *7-1-97*

To *12-31-97*

I. RECEIPTS

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A) -----

28100.00

(ii) Unitemized -----

17120.00

(iii) Total of contributions from individuals -----

45220.00

80196.00

(b) Political Party Committees -----

—

500.00

(c) Other Political Committees (such as PACs) -----

(d) The Candidate -----

(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----

45220.00

80696.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----

13. LOANS:

(a) Made or Guaranteed by the Candidate -----

(b) All Other Loans -----

(c) TOTAL LOANS (add 13(a) and (b)) -----

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----

—

35.00

15. OTHER RECEIPTS (Dividends, Interest, etc.) -----

16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----

45220.00

80731.00

II. DISBURSEMENTS

17. OPERATING EXPENDITURES -----

24397.11

45734.39

18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed by the Candidate -----

1000.00

3500.00

(b) Of All Other Loans -----

(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----

1000.00

3500.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees -----

(b) Political Party Committees -----

(c) Other Political Committees (such as PACs) -----

(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----

—

—

21. OTHER DISBURSEMENTS -----

22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----

25397.11

49234.39

III. CASH SUMMARY

CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	<i>11807.18</i>	23
TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	<i>45220.00</i>	24
SUBTOTAL (add Line 23 and Line 24) -----	\$	<i>57027.18</i>	25
TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	<i>25397.11</i>	26
CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	<i>31630.07</i>	27

Name of Committee (in Full)

DENNIS NEWINSKI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code of Loan Source <i>DENNIS NEWINSKI</i>	Original Amount of Loan <i>12,000 -</i>	Cumulative Payment To Date <i>11,000.00</i>	Balance Outstanding at Close of This Period <i>1,000.00</i>
---	--	--	--

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
---	-------------------------	----------------------------	---

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

1,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FILED

and 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

of Committee (in Full)

DENNIS NEWINSKI FOR CONGRESS

Outstanding
Balance Beginning
This PeriodAmount
Incurred
This PeriodPayment
This
PeriodOutstanding
Balance at Close
of This Period

A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

ENGLEWOOD PRINTING
710 N SWELLING AVE
ST PAUL MN 55104

0

1,224.81

0

1,224.81

Nature of Debt (Purpose):

PRINTING - CAMPAIGN MATERIALS

B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

Po Lite 1
1919 UNIVERSITY AVE W
ST PAUL MN 55104

0

6057.45

0

6057.45

Nature of Debt (Purpose):

TELEMARKETING - FUND RAISING

C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

CAPITOL DIRECT
289 E 5TH STREET
ST PAUL MN 55101

0

1797.26

0

1797.26

Nature of Debt (Purpose):

CREATING
MAILING CAMPAIGN MATERIALS

D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

CHURCH OFFSET PRINTING
60 E 6TH ST
ST PAUL MN 55101

0

960.98

0

960.98

Nature of Debt (Purpose):

E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

Nature of Debt (Purpose):

F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

Nature of Debt (Purpose):

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page in this line only)

10040.50

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

1000.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

11040.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 19a

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NAME OF COMMITTEE (In Full)

Dennis Newinski For Congress

A. Full Name, Mailing Address and ZIP Code <i>Dennis Newinski</i> <i>2198 Mapleview</i> <i>Maplewood MN 55109</i>	Purpose of Disbursement <i>Repay Loan</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>11-12-97</i>	Amount of Each Disbursement This Period <i>1000.00</i>
B. 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
C. 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
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)

1000.00

DUPLICATE

ITEM RECEIPTS

 Unseparate schedule(s)
 with category of the
 Summary Page

 PAGE 1 OF 8
 FOR LINE NUMBER 11A(1)

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NAME OF COMMITTEE (in Full)

DENNIS NEWINSKI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code JOHN KINKAD 1000 1st St N St Cloud MN 56301	Name of Employer NATIONAL LAWYER	Date (month, day, year) 7-1-97	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	300.00
B. Full Name, Mailing Address and ZIP Code BRUCE DAYTON 1000 1st St N St Cloud MN 56301	Name of Employer OKAGENA CO	Date (month, day, year) 7-22-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$	500.00
C. Full Name, Mailing Address and ZIP Code NAOMI HARD 1000 1st St N St Cloud MN 56301	Name of Employer	Date (month, day, year) 7-28-97	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1000.00
D. Full Name, Mailing Address and ZIP Code MINDERMAN MARK 540 SUMAC LANE NE ROCHESTER MN 55906	Name of Employer	Date (month, day, year) 8-15-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	575.00
E. Full Name, Mailing Address and ZIP Code ELSAHL JR W.E. 1000 1st St N St Cloud MN 56301	Name of Employer OVERNIGHT EXPRESS	Date (month, day, year) 8-15-97	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec	Aggregate Year-to-Date > \$	800.00
F. Full Name, Mailing Address and ZIP Code HAMMERLY H-A 66 IVY FALLS CT MENDOTA MN 55118	Name of Employer RETIRED	Date (month, day, year) 8-26-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1000.00
G. Full Name, Mailing Address and ZIP Code GULLICKSON JR Wm 1000 1st St N St Cloud MN 56301	Name of Employer MCGORARELY KING COX	Date (month, day, year) 8-26-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00

SUBTOTAL of Receipts This Page (optional)

4125-

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

DEWIS, NEWINSKI For Congress

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>BRUCE KERFOOT</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>SELF EMPLOYED</p> <p>Occupation</p> <p>BUSINESS OWNER</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>8-26-97</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>CHARLES MICHEL</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>8-26-97</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>THOMAS MAIRS</p> <p>894 HIGHVIEW CIR S</p> <p>STENOTA HTS MN 55118</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>8-26-97</p> <p>11-15-97</p> <p>12-31-97</p>	<p>Amount of Each Receipt this Period</p> <p>125.00</p> <p>100.00</p> <p>50.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>ALAN HORNER</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>9-29-97</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>DIERSON GRIEVE</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>9-30-97</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>W D MAC MILLAN</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>9-30-97</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>U F PACKARD</p> <p>4909 PRESCOTT CIR</p> <p>EDINA MN 55436</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>9-29-97</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>

SUBTOTAL of Receipts This Page (optional)

2525

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE: **NEWINSKI For Congress**

<p>A. Full Name, Mailing Address and ZIP Code HAWKINS 11405 MN</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1500.00</p>	<p>Date (month, day, year) 9-29-97 12-5-97</p>	<p>Amount of Each Receipt this Period 500.00 1000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code ADAM</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250-</p>	<p>Date (month, day, year) 9-29-97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code ROBERT GANDRUD</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 258.00</p>	<p>Date (month, day, year) 9-20-97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code WEYERHAEUSER F.T. 610 WENTWORTH AVE ST Paul MN 55118</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CLARWATER Mgmt Co</p> <p>Occupation EXEC</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 9-20-97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code BOALE ROBERT N OAKS MN 55127</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CONTROL SYSTEMS INC</p> <p>Occupation EXEC</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 10-9-97</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code EDWARD CECCHETTINI 2250 PANAMA AVE PRIME LAKE MN 55372</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer OLD REPUBLIC TITLE INS</p> <p>Occupation PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 1500.00</p>	<p>Date (month, day, year) 10-9-97</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code ROBERT 1005 CHRISTMAS LAKE Rd Excelsior MN 55331</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BANNER ENGINEERING</p> <p>Occupation EXEC</p> <p>Aggregate Year-to-Date > \$ 2000.00</p>	<p>Date (month, day, year) 10-9-97</p>	<p>Amount of Each Receipt this Period 1000.00</p>

SUBTOTAL of Receipts This Page (optional) **5450-**

TOTAL This Period (last page this line number only)

EDULE A

ITEMIZED RECEIPTS

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

PAGE OF
4 1 6
FOR LINE NUMBER
11 A (1)

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NAME OF COMMITTEE (in Full)

DENNIS NEWINSKI For Congress

<p>A. Full Name, Mailing Address and ZIP Code MCGOUGH LAWRENCE</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MCGOUGH CONST</p> <p>Occupation EXEC</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10-9-97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code CHARLTON DIETZ</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 550.00</p>	<p>Date (month, day, year) 10-9-97 12-26-97</p>	<p>Amount of Each Receipt this Period 250.00 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code VASKO Roger 2924 Helen St N N ST PAUL MN 55109</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year) 10-9-97 12-5-97</p>	<p>Amount of Each Receipt this Period 250.00 100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code LANNERS LEONETTE</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2000.00</p>	<p>Date (month, day, year) 11-15-97</p>	<p>Amount of Each Receipt this Period 2000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code CHARLES OSWALD</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 11-15-97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code FARLEY PAT</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 12-5-97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code HUSTON JACK 9955 PERKINS AVE N STILLWATER MN 55082</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PREMIER BANK</p> <p>Occupation PRES CEO</p> <p>Aggregate Year-to-Date > \$ 1200.00</p>	<p>Date (month, day, year) 12-5-97</p>	<p>Amount of Each Receipt this Period 100.00</p>

SUBTOTAL of Receipts This Page (optional)

4450-

TOTAL This Period (last page this line number only)

EDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 8
FOR LINE NUMBER 11A (1)

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NAME OF COMMITTEE (in Full)

DAVID DENNIS NEWINSKI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

DAVID DENNIS NEWINSKI
1501 PRIMROSE CV
ROSELLE MN 55113

Name of Employer

STATE FARM
INS

Date (month,
day, year)

12-31-97

Amount of Each
Receipt this Period

1000.00

Occupation

EXEC

Aggregate Year-to-Date > \$

2000.00

Receipt For:

☐ Primary

☒ General

☐ Other (specify):

B. Full Name, Mailing Address and ZIP Code

GREG PULLES

Name of Employer

TCF FINANCIAL

Date (month,
day, year)

12-31-97

Amount of Each
Receipt this Period

1000.00

Occupation

GEN COUNSEL

Aggregate Year-to-Date > \$

1000.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

C. Full Name, Mailing Address and ZIP Code

MAC MILLAN Doug

Name of Employer

Occupation

Date (month,
day, year)

12-31-97

Amount of Each
Receipt this Period

500.00

Aggregate Year-to-Date > \$

500.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

D. Full Name, Mailing Address and ZIP Code

RAT ALEXANDER

Name of Employer

Cold Spring GRANITE

Date (month,
day, year)

12-31-97

Amount of Each
Receipt this Period

500.00

Occupation

EXEC

Aggregate Year-to-Date > \$

500.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

E. Full Name, Mailing Address and ZIP Code

SANKEY JOHNSON

Name of Employer

Date (month,
day, year)

12-26-97

Amount of Each
Receipt this Period

1000.00

Occupation

Aggregate Year-to-Date > \$

1000.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

F. Full Name, Mailing Address and ZIP Code

BEEDOR WM

Name of Employer

JAPS-0/SON

Date (month,
day, year)

12-26-97

Amount of Each
Receipt this Period

500.00

Occupation

PRES

Aggregate Year-to-Date > \$

500.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

G. Full Name, Mailing Address and ZIP Code

MURRAY SA GT

Name of Employer

MURKIN INC

Date (month,
day, year)

12-26-97

Amount of Each
Receipt this Period

500.00

Occupation

PRESIDENT

Aggregate Year-to-Date > \$

600.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

SUBTOTAL of Receipts This Page (optional)

5100

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 **6** OF **8**
FOR LINE NUMBER **11A (1)**

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NAME OF COMMITTEE (in Full)

DENNIS NEWINSKI For Congress

A. Full Name, Mailing Address and ZIP Code BERDAS Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12-26-97	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code CARL KUHMAYER Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 12-26-97	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code SCHWALE ROBERT Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12-26-97	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code BRUCE ENGELSMAN Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12-26-97	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code HEATH VERN Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12-26-97	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code CINEF KOLTES 375 CHEYENNE TR WAYZATA MN 55391 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 12-26-97	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code MAC FARLAND RICHARD Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11-26-97	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

EDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 8
FOR LINE NUMBER 11A (1)

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)

DENNIS NEWINSKI For Congress

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>RODOLPH T DEAN</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>10-27-97</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>ANDERSON Elmer L</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>10-27-97</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>CARL DRAKE</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>10-27-97 12-26-97</p>	<p>Amount of Each Receipt this Period</p> <p>100.00 200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>SCHILLING Hugh</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>11-7-97</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>TERENCE KOPP</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>11-7-97</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>THOMAS</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>11-7-97</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>RICHARD</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>11-10-97</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>

SUBTOTAL of Receipts This Page (optional)

3050

TOTAL This Period (last page this line number only)

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)

DENNIS NEWNSKI FOR CONGRESS

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Harold Kretschka</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 000 -</p>	<p>Date (month, day, year)</p> <p>10-27-97</p>	<p>Amount of Each Receipt this Period</p> <p>1000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>DAVID Wm</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>10-27-97</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>1250 -</p>
<p>TOTAL This Period (last page this line number only)</p>			<p>28100.00</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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)

DENNIS NEWINSKI FOR CONGRESS

<p>A. Full Name, Mailing Address and ZIP Code ST PAUL POSTMASTER 615 N ST PAUL MN 55109-9998</p>	<p>Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 7-28 7-29 9-10 10-5 11-12 11-26 11-26</p>	<p>Amount of Each Disbursement This Period 178.85 23.68 96.00 11.43 160.00 2000 488.10</p>
<p>B. Full Name, Mailing Address and ZIP Code ENGLEWOOD PRINTING 710 N SNELLING AVE ST PAUL MN 55104</p>	<p>Purpose of Disbursement CAMPAIGN PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 7-21-97 7-28-97 10-20-97 10-20-97</p>	<p>Amount of Each Disbursement This Period 753.40 714.82 874.57 554.32</p>
<p>C. Full Name, Mailing Address and ZIP Code POLITE! 1919 UNIVERSITY AVE W ST PAUL MN 55104</p>	<p>Purpose of Disbursement TELEMARKETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 7-21-97 10-20-97</p>	<p>Amount of Each Disbursement This Period 1251.50 1500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code ATT WIRELESS BOX 3611 BOTHELL WA 98041</p>	<p>Purpose of Disbursement COMMUNICATIONS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 7-21-97 8-13-97</p>	<p>Amount of Each Disbursement This Period 500.00 700.00</p>
<p>E. Full Name, Mailing Address and ZIP Code RICE ST FESTIVAL ST PAUL MN 55108</p>	<p>Purpose of Disbursement PARADE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 7-7-97</p>	<p>Amount of Each Disbursement This Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code ZANDRA WOLCOTT ASSOCIATES 1821 UNIVERSITY AVE ST PAUL MN 55104</p>	<p>Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 7-1-97 7-25-97 8-27-97</p>	<p>Amount of Each Disbursement This Period 2500.00 3000.00 2200.00</p>
<p>G. Full Name, Mailing Address and ZIP Code BRIDGET CRONIN 914 ENCLID ST ST PAUL MN 55106</p>	<p>Purpose of Disbursement CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 9-30-97 9-22-97 11-2-97 11-26-97</p>	<p>Amount of Each Disbursement This Period 2500- 200- 2300- 2500-</p>
<p>H. Full Name, Mailing Address and ZIP Code GRIFFS MIDWAY BLDG MGMT 1821 UNIVERSITY AVE ST PAUL MN 55104</p>	<p>Purpose of Disbursement RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 12-1-97</p>	<p>Amount of Each Disbursement This Period 300.00</p>
<p>I. Full Name, Mailing Address and ZIP Code DENNIS NEWINSKI 2198 MAPLEVIEW MAPLEWOOD MN 55109</p>	<p>Purpose of Disbursement PARADE CANDY CAR RENTAL - TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 7-28-97 8-15-97</p>	<p>Amount of Each Disbursement This Period 222.36 120.00</p>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

23919.03



FEDERAL ELECTION COMMISSION
Washington, DC 20463

April 3, 1998

Dick Senese, Chair
Minnesota Democratic Farmer Labor Party
352 Wacouta Street
Saint Paul, MN 55101

RE: MUR 4734

Dear Mr. Senese:

This letter acknowledges receipt on March 30, 1998, of your complaint alleging possible violations of the Federal Election Campaign Act of 1971, as amended. The respondent(s) will be notified of this complaint within five business days.

You will be notified as soon as the Federal Election Commission takes final action on your complaint. Should you receive any additional information in this matter, please forward it to the Office of the General Counsel. Such information must be notarized and sworn to in the same manner as the original complaint. We have numbered this matter MUR 4734. Please refer to this number in all future communications. For your information, we have attached a brief description of the Commission's procedures for handling complaints.

Sincerely,

A handwritten signature in dark ink, appearing to read "F. Andrew Turley".

F. Andrew Turley
Supervisory Attorney
Central Enforcement Docket

Enclosure
Procedures



FEDERAL ELECTION COMMISSION
Washington, DC 20463

April 3, 1998

Richard C. Riener, Treasurer
Dennis Newinski for Congress
3468 Rice Street
St. Paul, MN 55126

RE: MUR 4734

Dear Mr. Riener:

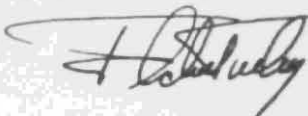
The Federal Election Commission received a complaint which indicates that Dennis Newinski for Congress ("Committee") and you, as treasurer, may have violated the Federal Election Campaign Act of 1971, as amended ("the Act"). A copy of the complaint is enclosed. We have numbered this matter MUR 4734. Please refer to this number in all future correspondence.

Under the Act, you have the opportunity to demonstrate in writing that no action should be taken against the Committee and you, as treasurer, in this matter. Please submit any factual or legal materials which you believe are relevant to the Commission's analysis of this matter. Where appropriate, statements should be submitted under oath. Your response, which should be addressed to the General Counsel's Office, must be submitted within 15 days of receipt of this letter. If no response is received within 15 days, the Commission may take further action based on the available information.

This matter will remain confidential in accordance with 2 U.S.C. § 437g(a)(4)(B) and § 437g(a)(12)(A) unless you notify the Commission in writing that you wish the matter to be made public. If you intend to be represented by counsel in this matter, please advise the Commission by completing the enclosed form stating the name, address and telephone number of such counsel, and authorizing such counsel to receive any notifications and other communications from the Commission.

If you have any questions, please contact Alva E. Smith at (202) 694-1650. For your information, we have enclosed a brief description of the Commission's procedures for handling complaints.

Sincerely,



F. Andrew Turley
Supervisory Attorney
Central Enforcement Docket

Enclosures

1. Complaint
2. Procedures
3. Designation of Counsel Statement

93043901712



FEDERAL ELECTION COMMISSION
Washington, DC 20463

April 3, 1998

Dennis Roman Newinski
2198 Mapleview Avenue
Maplewood, MN 55109

RE: MUR 4734

Dear Mr. Newinski:

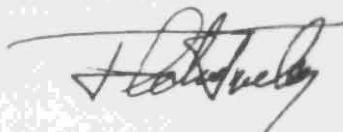
The Federal Election Commission received a complaint which indicates that you may have violated the Federal Election Campaign Act of 1971, as amended ("the Act"). A copy of the complaint is enclosed. We have numbered this matter MUR 4734. Please refer to this number in all future correspondence.

Under the Act, you have the opportunity to demonstrate in writing that no action should be taken against you in this matter. Please submit any factual or legal materials which you believe are relevant to the Commission's analysis of this matter. Where appropriate, statements should be submitted under oath. Your response, which should be addressed to the General Counsel's Office, must be submitted within 15 days of receipt of this letter. If no response is received within 15 days, the Commission may take further action based on the available information.

This matter will remain confidential in accordance with 2 U.S.C. § 437g(a)(4)(B) and § 437g(a)(12)(A) unless you notify the Commission in writing that you wish the matter to be made public. If you intend to be represented by counsel in this matter, please advise the Commission by completing the enclosed form stating the name, address and telephone number of such counsel, and authorizing such counsel to receive any notifications and other communications from the Commission.

If you have any questions, please contact Alva E. Smith at (202) 694-1650. For your information, we have enclosed a brief description of the Commission's procedures for handling complaints.

Sincerely,



F. Andrew Turley
Supervisory Attorney
Central Enforcement Docket

Enclosures

1. Complaint
2. Procedures
3. Designation of Counsel Statement

9 8 0 4 3 9 0 1 7 1 4

RECEIVED
FEDERAL ELECTION
COMMISSION
APR 17 3 12 PM '98

**DENNIS
NEWINSKI**



P.O. Box 75165
St. Paul, MN • 55175-0165
Phone (612) 777-4469
Fax (612) 773-2192

April 14, 1998

F. Andrew Turley
Supervisor Attorney
General Counsel Office
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: MUR 4734

Dear Mr. Turley,

I am writing in response to your letter dated April 3, 1998, advising this committee of a Complaint which you numbered Matter Under Review 4734. This partisan complaint was filed by Dick Senese, chairman of the Democrat-Farmer-Labor Party in Minnesota. Senese's accusations are baseless, politically motivated and submitted in bad faith. His complaint should be dismissed.

It is the practice of the Newinski for Congress Committee to include a request for Best Efforts information with all solicitations, asking \$200+ donors for their names, addresses, occupations and names of their employers (please see attached sample). Where contributors fail to provide the requested information, this Committee follows up with a second request for required information. When reports become due before Best Efforts information has been obtained, this Committee submits its reports in a timely fashion and subsequently amends its filings (just as Mr. Senese's own committee does - see attached).

Enclosed please find the latest Amendment by this Committee, filling in the information missing from our year-end report. Please do not hesitate to contact my Committee if we can provide further information.

Sincerely,

Dennis Newinski
Candidate for Congress, Fourth District, Minnesota
Enclosures 4

bc

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER
11a

Any information copied from each Report and Statement may not be used or copied by any person for the purpose of soliciting contributions or for campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Minnesota Democratic Farmer Labor Party

C-00025234

F. Full Name, Mailing Address and ZIP Code

EVA SANKEN
651 VICTORIA DR
CHASKA MN 55318

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

REQUESTED

Occupation
TEACHER

Date (month,
day, year)

07/24/97

Amount of En
Receipt this Per

110.

Aggregate Year-to-Date: \$ 210.00 220.00

G. Full Name, Mailing Address and ZIP Code

DENNIS AND LL SCHOLTES
6751 MAPLE DR
ROCKFORD MN 55373

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

REQUESTED

Occupation
REQUESTED

Date (month,
day, year)

07/24/97

Amount of En
Receipt this Per

110.

Aggregate Year-to-Date: \$ 210.00 220.00

SUBTOTAL of Receipts This Page (optional):

6,330.

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

Your financial support is essential for us to succeed. My opponent is a 22 year Washington insider. I was shocked to learn that fully 65% of his campaign funds come from Washington special interests. It is clear that Congressman Vento no longer represents the working families of Saint Paul. We need someone who puts Saint Paul families ahead of big money interests. I need your help to do that. Your contribution of \$75, \$50, or \$25 will help get our message out to voters across the district. Please write your check today to Newinski for Congress and mail it in the enclosed envelope. By working together, we will meet the 21st century with hope and success!

Faithfully Yours,

Dennis Newinski

P.S.

What kind of leadership do you want in Congress? Do you want a 22 year Washington insider with negative rhetoric and stale ideas? Or do you want fresh leadership with real life experience and successful ideas? By making a generous contribution today to my campaign, you will send a clear message that you want someone in Congress who will listen to you, care about your concerns, and act with real leadership. Please send \$75, \$50, or \$25 to Newinski for Congress and mail it in the enclosed envelope. Together, we can do better!

"I have always admired and respected Dennis Newinski. He is a man of great intelligence and he has a tremendous capacity to understand the needs of the people he represents."

Mayor Norm Coleman

Yes, Dennis. I like your ideas! Enclosed is a contribution for:

\$100 \$75 \$50 \$25 _____ Other

____ Check is enclosed.

____ Please charge to my:

Make your check payable to:

Visa

Mastercard

AMEX

Newinski for Congress

Card #: _____ exp. _____

Name _____

Home phone _____

Address _____

Work phone _____

City _____ State _____ ZIP _____

FAX number _____

Employer _____

Occupation _____

Contributions are not tax deductible. Corporate contributions are prohibited. Federal law requires us to use our best efforts in obtaining the employer and occupation of any contributor whose contributions total \$200 or more in a calendar year, and disclose such contributors to the Federal Election Commission.

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) DENNIS NEWINSKI		2. FEC IDENTIFICATION NUMBER C00284216
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 3468 Rice St		3. IS THIS REPORT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE and ZIP CODE ST Paul MN 55126	STATE/DISTRICT MN 4TH	

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report ☐ 12-Day Pre-Election Report for the _____ (Type of Election)
- ☐ July 15 Quarterly Report election on _____ in the State of _____
- ☐ October 15 Quarterly Report ☐ 30-Day Post-Election Report for the _____ (Type of Election)
- ☒ January 31 Year End Report election on _____ in the State of _____
- ☐ July 31 Mid-Year Report (Non-election Year Only) ☐ Termination Report

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5	Covering Period 7-1-97 through 12-31-97	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6	Net Contributions (other than loans)		
(a)	Total Contributions (other than loans) (from Line 11(e))	45,220.00	80696.00
(b)	Total Contribution Refunds (from Line 20(d))	-	-
(c)	Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	45,220.00	80696.00
7	Net Operating Expenditures		
(a)	Total Operating Expenditures (from Line 17)	24397.11	45734.39
(b)	Total Offsets to Operating Expenditures (from Line 14)	-	35.00
(c)	Net Operating Expenditures (subtract Line 7(b) from 7(a))	24397.11	45699.39
8	Cash on Hand at Close of Reporting Period (from Line 27)	31630.07	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	11040.50	

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

Signature of Treasurer

Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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F66AN144

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) <i>DENNIS NEWINSKI FOR CONGRESS</i>		Report Covering the Period: From <i>7-1-97</i> To <i>12-31-97</i>	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A) -----		<i>28100.00</i>	
(ii) Unitemized -----		<i>17120.00</i>	
(iii) Total of contributions from individuals -----		<i>45220.00</i>	<i>80196.00</i>
(b) Political Party Committees -----			<i>500.00</i>
(c) Other Political Committees (such as PACs) -----			
(d) The Candidate -----			
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----		<i>45220.00</i>	<i>80696.00</i>
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----			
13. LOANS			
(a) Made or Guaranteed by the Candidate -----			
(b) All Other Loans -----			
(c) TOTAL LOANS (add 13(a) and (b)) -----			
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----			<i>35.00</i>
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----			
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----		<i>45220.00</i>	<i>80731.00</i>
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES -----		<i>24397.11</i>	<i>45734.39</i>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----			
19. LOAN REPAYMENTS			
(a) Of Loans Made or Guaranteed by the Candidate -----		<i>1000.00</i>	<i>3500.00</i>
(b) Of All Other Loans -----			
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		<i>1000.00</i>	<i>3500.00</i>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees -----			
(b) Political Party Committees -----			
(c) Other Political Committees (such as PACs) -----			
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		-	-
21. OTHER DISBURSEMENTS -----			
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----		<i>25397.11</i>	<i>49234.39</i>

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ <i>11807.18</i>	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ <i>45220.00</i>	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ <i>57027.18</i>	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ <i>25397.11</i>	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ <i>31630.07</i>	27

SCHEDULE A

ITEMIZED RECEIPTS

 See separate schedule(s)
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PAGE OF

FOR LINE NUMBER

11 A (1)

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NAME OF COMMITTEE (in Full)

DENNIS NEWNSKI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code JOHN KINKAD 693 MONTCALM PI ST PAUL MN 55116 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NATIONAL LAWNMOWER Occupation PRES. Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 7-1-97	Amount of Each Receipt this Period 300.00
B. Full Name, Mailing Address and ZIP Code BRUCE DAYTON 990 OLD LONG LAKE RD. WAYzata MN 55391 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer OKADENA Co Occupation CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 7-22-97	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code NAOMI HARD 327 SW Cleveland Ave New Brighton 55112 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 7-28-97	Amount of Each Receipt this Period 1000.00
D. Full Name, Mailing Address and ZIP Code HINDERMAN MARK 5740 SUMAC LAKE NE ROCHESTER MN 55906 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ROCHESTER SAND & GRAVEL Occupation Consultant Aggregate Year-to-Date > \$ 575.00	Date (month, day, year) 8-15-97 8-15-97	Amount of Each Receipt this Period 500.00 25.00
E. Full Name, Mailing Address and ZIP Code ELSHOLTZ JR W.E 656 Pelham Blvd. St Paul, MN 55114 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer OVERNIGHT EXPRESS Occupation Exec Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 8-15-97 12-26-97	Amount of Each Receipt this Period 300.00 500.00
F. Full Name, Mailing Address and ZIP Code HAMMERLY H-A 661 IVY FALLS CT MENDOTA MN 55118 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 8-26-97	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code GILKICKSON JR Wm 81109 INTERLACHEN RD HOPKINS MN 55343 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer McGORMELY King Cox Occupation Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8-26-97	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

4125-

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 See separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER 11A (1)

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NAME OF COMMITTEE (in Full)

DENNIS NEWNSKI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code BRUCE KERFOOT GUNHEIM LODGE GRAND MARIS MN Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED Occupation BUSINESS OWNER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8-26-97	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code CHARLES MICHEL 1731 SUMMIT AVE ST PAUL MN 55105 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MICHEL SALES + MFG Occupation OWNER Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8-26-97	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code THOMAS MAIRS 894 HIGHVIEW CIR S MENOTA HTS MN 55118 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation RETIRED Aggregate Year-to-Date > \$ 275.00	Date (month, day, year) 8-26-97 11-15-97 12-31-97	Amount of Each Receipt this Period 125.00 100.00 50.00
D. Full Name, Mailing Address and ZIP Code ALAN HORNER 1505 CENTRAL AVENUE NE Mpls. MN 55413 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AARON CARLSON Co Occupation OWNER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9-29-97	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code PIERSON GRIEVE 4900 SO 8TH ST MPLS MN 55402 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation RETIRED Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9-30-97	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code W D MAC MILLAN 151 WESTWOOD LN WAYZATA MN 55391 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CARGILL COMPANIES Occupation DIRECTOR Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9-30-97	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code W F PACKARD 4909 PRESCOTT CIR EDINA MN 55436 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CULLIGAN SOFTWARE Occupation CHAIRMAN Aggregate Year-to-Date > \$ 575.00	Date (month, day, year) 9-29-97	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

2525.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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 PAGE 3 OF 8
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NAME OF COMMITTEE (in Full)

DENNIS NEWNSKI For Congress

A. Full Name, Mailing Address and ZIP Code

 HOWARD HAWKINS
3666 So GLENHURST AVE
MPLS MN 55416

Name of Employer

RETIRED

Date (month, day, year)

9-29-97

Amount of Each Receipt this Period

500.00

Occupation

12-5-97

1000.00

Receipt For:

☒ Primary☒ General

Other (specify):

Aggregate Year-to-Date > \$

1500.00

B. Full Name, Mailing Address and ZIP Code

 J.M. ADAM
7 Island Rd
NO OAKS MN 55127

Name of Employer

3M Co.

Date (month, day, year)

9-29-97

Amount of Each Receipt this Period

250.00

Occupation

EXEC

Receipt For:

☒ Primary☐ General

Other (specify):

Aggregate Year-to-Date > \$

250-

C. Full Name, Mailing Address and ZIP Code

 ROBERT GANDRUD
625 4TH AVE SO
MPLS MN 55415

Name of Employer

LUTHERAN BROTHERHOOD

Date (month, day, year)

9-20-97

Amount of Each Receipt this Period

250.00

Occupation

CEO

Receipt For:

☒ Primary☐ General

Other (specify):

Aggregate Year-to-Date > \$

250.00

D. Full Name, Mailing Address and ZIP Code

 WYERHAUSER F.T.
610 WENTWORTH AVE
ST Paul MN 55118

Name of Employer

CLEARWATER MGMT Co

Date (month, day, year)

9-20-97

Amount of Each Receipt this Period

250.00

Occupation

EXEC

Receipt For:

☒ Primary☐ General

Other (specify):

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

 BEALE ROBERT
N OAKS MN 55127

Name of Employer

CONTROL SYSTEMS INC

Date (month, day, year)

10-9-97

Amount of Each Receipt this Period

1000.00

Occupation

EXEC

Receipt For:

☒ Primary☐ General

Other (specify):

Aggregate Year-to-Date > \$

1000.00

F. Full Name, Mailing Address and ZIP Code

 RICHARD CECCHETTINI
22707 PANAMA AVE
PRIMA LAKE MN 55372

Name of Employer

OLD REPUBLIC TITLE INS

Date (month, day, year)

10-9-97

Amount of Each Receipt this Period

1000.00

Occupation

PRESIDENT

Receipt For:

☒ Primary☒ General

Other (specify):

Aggregate Year-to-Date > \$

1500.00

G. Full Name, Mailing Address and ZIP Code

 FAYFIELD ROBERT
6005 CHRISTMAS LAKE RD
EXETER MN 55331

Name of Employer

BANNER Engineering

Date (month, day, year)

10-9-97

Amount of Each Receipt this Period

1000.00

Occupation

EXEC

Receipt For:

☐ Primary☒ General

Other (specify):

Aggregate Year-to-Date > \$

2000.00

SUBTOTAL of Receipts This Page (optional)

5550-

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s)
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NAME OF COMMITTEE (in Full)

DENNIS NEWINSKI FOR CONGRESS

<p>A. Full Name, Mailing Address and ZIP Code MCGOUGH LAWRENCE 2737 N FAIRVIEW AVE ST PAUL MN 55113</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MCGOUGH CONST</p> <p>Occupation EXEC</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10-9-97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code CHARLTON DIETZ 1 BIRCH LN NO DAKES MN 55127</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SELF EMPLOYED</p> <p>Occupation ATTORNEY</p> <p>Aggregate Year-to-Date > \$ 550.00</p>	<p>Date (month, day, year) 10-9-97 12-26-97</p>	<p>Amount of Each Receipt this Period 250.00 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code VASKO Roger 2924 Helen ST N N ST PAUL MN 55109</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer VASKO CO'S</p> <p>Occupation OWNER</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year) 10-9-97 12-5-97</p>	<p>Amount of Each Receipt this Period 250.00 100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code LANNERS LEONETTE 1775 LEXINGTON ST PAUL MN 55118</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer HOMEMAKER</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2000.00</p>	<p>Date (month, day, year) 11-15-97</p>	<p>Amount of Each Receipt this Period 2000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code CHARLES OSWALD 7798 LOCHMERE TER EDINA MN 55435</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer RETIRED</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 11-15-97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code FARLEY PAT 2550 UNIVERSITY AVE ST PAUL MN 55114</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PROTOCOL FINANCIAL</p> <p>Occupation OWNER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 12-5-97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code HILLSTROM JACK 8955 PERKINS AVE N STILLWATER MN 55082</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PREMIER BANK</p> <p>Occupation PRES CEO</p> <p>Aggregate Year-to-Date > \$ 1200.00</p>	<p>Date (month, day, year) 12-5-97</p>	<p>Amount of Each Receipt this Period 100.00</p>

SUBTOTAL of Receipts This Page (optional)

4450-

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 See separate schedule(s)
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NAME OF COMMITTEE (in Full)

DENNIS NEWINSKI For Congress

A. Full Name, Mailing Address and ZIP Code STRAND DAVE 1391 PRIMROSE CV Roseville MN 55113 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE FARM INS Occupation EXEC Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 12-31-97	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code Greg Pulles 4625 XENIA LN N PLYMOUTH MN 55446 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TCF FINANCIAL Occupation GEN COUNSEL Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 12-31-97	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code MAC MILLAN Doug 707 GOODRICH AVE ST PAUL MN 55105 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MAC MILLAN ELEC Occupation OWNER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12-31-97	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code PAT ALEXANDER 16540 GRAYS BAY BLVD WAYZATA MN 55391 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cold Spring Granite Occupation EXEC Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12-31-97	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code S.A. JOHNSON 2709 HIDDEN CR LN WAYZATA MN 55391 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HIDDEN CREEK IND Occupation CEO Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 12-26-97	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code BEDDOR WM 20 N 21ST AVE MPLS MN 55411 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer JAPS-OLSON Occupation PRES Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12-26-97	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code MUKAHY SA GT 4710 N. OLSON LAKE TRAIL OAKDALE MN 55128 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MUKAHY DRYWALL Occupation PRESIDENT Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 12-26-97 10-27-97	Amount of Each Receipt this Period 500.00 100.00

SUBTOTAL of Receipts This Page (optional)

5100

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

DENNIS NEWNSKI For Congress

<p>A. Full Name, Mailing Address and ZIP Code BERDASS FRED 4501 BAIL RD CIRCLE PINES MN 55014</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bermo Co</p> <p>Occupation OWNER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 12-26-97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code CARL KUHRMEYER 13 ORIOLE LN N OAKES MN 55127</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 550.00</p>	<p>Date (month, day, year) 12-26-97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code SCHWALBACH GERALD 601 Carlson Pkwy #350 Minnetonka MN 55305</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Superior Storage</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12-26-97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code BRUCE ENGELSMAN 525 S. 8th Street Mpls. MN 55401</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer KRAUS ANDERSON</p> <p>Occupation EXEC</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12-26-97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code HEATH JEAN 4725 HIBISCUS AVE MAPLE MN 55435</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12-26-97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code CLIFF KOLTES 375 CHEYENNE TR WAYZATA MN 55391</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CBSA INC</p> <p>Occupation EXEC</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year) 12-26-97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code MAC FARLAND RICHARD 6341 MURRAY HILL RD Excelsior MN 55331</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DAIN BOSWORTH</p> <p>Occupation CLIENT SERVICE</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 11-26-97</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

2350-

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

DENNIS NEWINSKI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code SANDQUIST DEAN 4315 OAKVIEW LN N PLYMOUTH MN 55442	Name of Employer Precision Tooling Occupation CEO	Date (month, day, year) 10-27-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code ANDERSON Elmer L Anden Hills MN	Name of Employer Retired Occupation	Date (month, day, year) 10-27-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code CARL DRAKE 1695 Delaware Ave ST PAUL MN 55118	Name of Employer Retired Occupation	Date (month, day, year) 10-27-97 12-26-97	Amount of Each Receipt this Period 100.00 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code Schilling Hugh 354 Woodlawn Ave ST PAUL MN 55105	Name of Employer HORTON MFG Occupation CHAIRMAN	Date (month, day, year) 11-7-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code TERRANCE KOOP 12467 54th Avenue North PLYMOUTH, MN 55441	Name of Employer EWTN Cable TV Occupation OWNER	Date (month, day, year) 11-7-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code LOWE THOMAS 2630 W LAFAYETTE RD MINNETONKA MN 55331	Name of Employer LYMAN LUMBER Occupation CEO	Date (month, day, year) 11-7-97	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code PAGER RICHARD 3111 Hillborough St. Louis Park MN 55416	Name of Employer Best Efforts Occupation	Date (month, day, year) 11-10-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

3050

TOTAL This Period (last page this line number only)

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) DENNIS NEWINSKI		2. FEC IDENTIFICATION NUMBER C00284216
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 3468 Rice St		3. IS THIS REPORT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE and ZIP CODE ST Paul MN 55126	STATE/DISTRICT MN 4TH	

4. TYPE OF REPORT

- | | |
|---|--|
| <input type="checkbox"/> April 15 Quarterly Report | <input type="checkbox"/> 12-Day Pre-Election Report for the _____
(Type of Election) |
| <input type="checkbox"/> July 15 Quarterly Report | election on _____ in the State of _____ |
| <input type="checkbox"/> October 15 Quarterly Report | <input type="checkbox"/> 30-Day Post-Election Report for the _____
(Type of Election) |
| <input checked="" type="checkbox"/> January 31 Year End Report | election on _____ in the State of _____ |
| <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report |

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>7-1-97</u> through <u>12-31-97</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	45220.00	80696.00
(b) Total Contribution Refunds (from Line 20(d))	-	-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	45,220.00	80696.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24397.11	45734.39
(b) Total Offsets to Operating Expenditures (from Line 14)	-	35.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	24397.11	45699.39
8. Cash on Hand at Close of Reporting Period (from Line 27)	31630.07	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	11040.50	

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

Signature of Treasurer

Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FECAN144

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) DENNIS NEWINSKI FOR CONGRESS		Report Covering the Period: From: 7-1-97 To: 12-31-97	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A) -----		28100.00	
(ii) Unitemized -----		17120.00	
(iii) Total of contributions from individuals -----		45220.00	80196.00
(b) Political Party Committees -----		-	500.00
(c) Other Political Committees (such as PACs) -----			
(d) The Candidate -----			
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----		45220.00	80696.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----			
13. LOANS:			
(a) Made or Guaranteed by the Candidate -----			
(b) All Other Loans -----			
(c) TOTAL LOANS (add 13(a) and (b)) -----			
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		-	35.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----			
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----		45220.00	80731.00
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES -----		24397.11	45734.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----			
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate -----		1000.00	3500.00
(b) Of All Other Loans -----			
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		1000.00	3500.00
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees -----			
(b) Political Party Committees -----			
(c) Other Political Committees (such as PACs) -----			
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		-	-
21. OTHER DISBURSEMENTS -----			
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----		25397.11	49234.39

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 11807.18	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 45220.00	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 57027.18	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 25397.11	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 31630.07	27

SCHEDULE A

ITEMIZED RECEIPTS

separate schedule(s) each category of the Detailed Summary Page	PAGE	OF
	1	8
FOR LINE NUMBER		
11A (1)		

Any information copied from such Reports and Statements may not be told 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)

DENNIS NEWNSKI For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. KINKAD 693 MONTCALM PI ST PAUL MN 55116 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NATIONAL LAWNMOWER Occupation: PRES Aggregate Year-to-Date > \$ 300.00	7-1-97	300.00
BRUCE DAYTON 990 OLD LONG LAKE RD WAYZATA MN 55391 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	OKACEWA CO Occupation: CEO Aggregate Year-to-Date > \$ 500.00	7-22-97	500.00
NAOMI HARD 327 SW Cleveland Ave New Brighton SS Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Homemaker Occupation: Aggregate Year-to-Date > \$ 1000.00	7-28-97	1000.00
HINDERMAN MARK 5740 SUMAC LAKE NE ROCHESTER MN 55906 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ROCHESTER HILL & GRAVEL Occupation: Consultant Aggregate Year-to-Date > \$ 525.00	8-15-97 8-15-97	500.00 25.00
ELSHOLTZ JR W.E 656 Pelham Blvd. St Paul, MN 55114 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	OVERNIGHT EXPRESS Occupation: Exec Aggregate Year-to-Date > \$ 800.00	8-15-97 12-26-97	300.00 500.00
HAMMERSLY H-A 661 IVY FALLS CT MENDOTA MN 55118 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation: Aggregate Year-to-Date > \$ 1000.00	8-26-97	500.00
HICKSON JR Wm 109 INTERLACHEN RD HOPKINS MN 55343 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	McGormely King Cox Occupation: Executive Aggregate Year-to-Date > \$ 500.00	8-26-97	500.00

SUBTOTAL of Receipts This Page (optional)

4125-

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

separate schedule(s)
each category of the
related Summary Page

PAGE 2 OF 8
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NAME OF COMMITTEE (in Full)

DENNIS NEWNSKI For Congress

A. Full Name, Mailing Address and ZIP Code BRUCE KERFOOT INDEPENDENT LODGE GRAND MARIS MN Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SELF EMPLOYED Occupation BUSINESS OWNER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8-26-97	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code CHARLES MICHEL 1731 Summit Ave ST PAUL MN 55105 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer MICHEL SALES & MFG Occupation OWNER Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8-26-97	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code THOMAS MAIRS 894 HIGHVIEW CIR S MENOTA HTS MN 55118 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer RETIRED Occupation RETIRED Aggregate Year-to-Date > \$ 275.00	Date (month, day, year) 8-26-97 11-15-97 12-31-97	Amount of Each Receipt this Period 125.00 100.00 50.00
D. Full Name, Mailing Address and ZIP Code ALAN HORNER 4505 Central Avenue NE Mpls. MN 55413 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer AARON CARLSON Co Occupation OWNER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9-29-97	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code PIERSON GRIEVE 4900 SO 8TH ST MPLS MN 55402 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer RETIRED Occupation RETIRED Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9-30-97	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code W D MAC MILLAN 151 WESTWOOD LN WAYZATA MN 55391 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer CARGILL COMPANIES Occupation DIRECTOR Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9-30-97	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code W F PACKARD 4909 PRESCOTT CIR EDINA MN 55436 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer CULLIGAN SOFTWARE Occupation CHAIRMAN Aggregate Year-to-Date > \$ 575.00	Date (month, day, year) 9-29-97	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

2525.

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SCHEDULE A

ITEMIZED RECEIPTS

separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
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NAME OF COMMITTEE (in Full)

DENNIS NEWINSKI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WARD HAWKINS 3666 SO GLENHURST AVE MPLS MN 55416	RETIRED	9-29-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12-5-97	1000.00
	Aggregate Year-to-Date > \$	1500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.M. ADAM 7 ISLAND RD MO OAKS MN 55127	3M CO.	9-29-97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT GANDRUP 625 4TH AVE SO MPLS MN 55415	LUTHERAN BROTHERHOOD	9-20-97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WEYERHAEUSER F.T. 610 WENTWORTH AVE ST PAUL MN 55118	CLEARWATER MGMT CO	9-20-97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BEALE ROBERT N OAKS MN 55127	CONTROL SYSTEMS INC	10-9-97	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD CECCHETTINI 22707 PANAMA DR PRIOR LAKE MN 55372	OLD REPUBLIC TITLE INS	10-9-97	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	1500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FAYFIELD ROBERT 6005 WARTIAS LAKE RD EXETER MN 55331	BANNER ENGINEERING	10-9-97	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	2000.00	

SUBTOTAL of Receipts This Page (optional)

5550.00

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SCHEDULE A

ITEMIZED RECEIPTS

If separate schedule(s) for each category of the detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in Full)

DENNIS NEWINSKI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code MCGOUGH LAWRENCE 2737 N FAIRVIEW AVE ST PAUL MN 55113	Name of Employer MCGOUGH CONST Occupation EXEC Date (month, day, year) 10-9-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code CHARLTON DIETZ 1 BIRCH LN NO DAKES MN 5527	Name of Employer SELF EMPLOYED Occupation ATTORNEY Date (month, day, year) 10-9-97	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 12-26-97 Aggregate Year-to-Date > \$ 550.00	250.00
C. Full Name, Mailing Address and ZIP Code VASKO Roger 2924 Helen St N N ST PAUL MN 55109	Name of Employer VASKO COS Occupation OWNER Date (month, day, year) 10-9-97	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 12-5-97 Aggregate Year-to-Date > \$ 350.00	100.00
D. Full Name, Mailing Address and ZIP Code LANNERS LEONETTE 1775 LEXINGTON ST PAUL MN 55118	Name of Employer HOMEMAKER Occupation HOMEMAKER Date (month, day, year) 11-15-97	Amount of Each Receipt this Period 2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000.00	
E. Full Name, Mailing Address and ZIP Code CHARLES OSWALD 7798 LOCHMERE TER EDINA MN 55435	Name of Employer RETIRED Occupation RETIRED Date (month, day, year) 11-15-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code FARLEY PAT 2550 UNIVERSITY AVE ST PAUL MN 55114	Name of Employer PROTOCOL FINANCIAL Occupation OWNER Date (month, day, year) 12-5-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code HILLSTROM JACK 9955 PERKINS AVE N STILLWATER MN 55082	Name of Employer PREMIER BANK Occupation PRES CEO Date (month, day, year) 12-5-97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1200.00	

SUBTOTAL of Receipts This Page (optional)

4450-

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMS AND RECEIPTS

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

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FOR LINE NUMBER 11A (1)

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NAME OF COMMITTEE (in Full)

DENNIS NEWNSKI For Congress

A. Full Name, Mailing Address and ZIP Code STRAND DAVE 1391 PRIMROSE CV Roseville MN 55113 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE FARM INS Occupation EXEC Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 12-31-97	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code Greg Pulles 4625 XENIA LN N PLYMOUTH MN 55446 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TCF FINANCIAL Occupation GEN COUNCIL Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 12-31-97	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code MAC MILLAN Doug 707 GOODRICH AVE ST PAUL MN 55105 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MAC MILLAN ELEC Occupation OWNER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12-31-97	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code PAT ALEXANDER 16540 GRAYS BAY BLVD WAYZATA MN 55391 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GOLD SPRING GRANITE Occupation EXEC Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12-31-97	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code S.A. JOHNSON 2709 HIDDEN CR LN WAYZATA MN 55391 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HIDDEN CREEK IND Occupation CEO Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 12-26-97	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code BEDDOR WM 201 N 1st St MAPLE MN 55411 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer JAPS-OLSON Occupation PRES Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12-26-97	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code MUKAHY SA GT 4770 N. OLSON LAKE TRAIL OAKDALE MN 55128 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MUKAHY DRYWELL Occupation PRESIDENT Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 12-26-97 10-27-97	Amount of Each Receipt this Period 500.00 100.00

SUBTOTAL of Receipts This Page (optional)

5100

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMS AND RECEIPTS

Separate Schedule(s) Each category of the Attached Summary Page	PAGE 6 OF 8
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NAME OF COMMITTEE (in Full)

DENNIS NEWINSKI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code BERDASS FRED 4501 BAIL RD CIRCLE PINES MN 55014 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BERMO CO Occupation OWNER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12-26-97 Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code CARL KUHMAYER 13 ORIOLE LN N OAKES MN 55127 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 12-26-97 Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code SCHWALEACH GERALD 601 CONDO PKWY #350 MINNETONKA MN 55305 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Superior Occupation Char. Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12-26-97 Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code BRUCE ENGELSMIT 525 S. 8th Street Mpls. MN 55401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer KRAUS ANDERSON Occupation EXEC Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12-26-97 Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code HEATH JEAN 4725 HIBISCUS AVE MINNAPOLIS MN 55435 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12-26-97 Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code CLIFF KOLTAS 375 CHEYENNE TR WAYZATA MN 55391 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CBSA INC Occupation EXEC Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 12-26-97 Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code MAC FARLAND RICHARD 6341 MURRAY HILL RD EXCELSIOR MN 55331 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DAIN BOSWORTH Occupation CLIENT SERVICE Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11-26-97 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

2350-

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMS AND RECEIPTS

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NAME OF COMMITTEE (in Full)

DENNIS NEWINSKI For Congress

A. Full Name, Mailing Address and ZIP Code RANDY T DEAN 4315 OAKVIEW LN N PLYMOUTH MN 55442	Name of Employer PRECISION Tooling	Date (month, day, year) 10-27-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code ANDERSON Elmer L Arden Hills MN	Name of Employer Retired	Date (month, day, year) 10-27-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code CARL DRAKE 1695 Delaware Ave ST PAUL MN 55118	Name of Employer Retired	Date (month, day, year) 10-27-97	Amount of Each Receipt this Period 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation 12-26-97	Aggregate Year-to-Date > \$ 300.00	200.00
D. Full Name, Mailing Address and ZIP Code SCHILLING Hugh 354 WOODLAWN Ave ST PAUL MN 55105	Name of Employer HORTON MFG	Date (month, day, year) 11-7-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code TERANDER KARP 12467 54th Avenue North PLYMOUTH MN 55441	Name of Employer EWTN Cable TV	Date (month, day, year) 11-7-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code LOWE THOMAS 2630 W LAFAYETTE Rd MINNETONKA MN 55331	Name of Employer LYMAN LUMBER	Date (month, day, year) 11-7-97	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code RAIN RICHARD 3111 Hillborough St. Louis Park MN 55116	Name of Employer Best Efforts	Date (month, day, year) 11-10-97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

3050

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEM D RECEIPTS

separate schedule(s)
each category of the
filed Summary Page

PAGE 8 OF 8
FOR LINE NUMBER 11A (i)

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)

DENNIS NEWINSKI For Congress

<p>A. Full Name, Mailing Address and ZIP Code HAROLD KRITSCHKA 1925 Noble Dr. N Golden Hills 55122</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SELF EMPLOYED</p> <p>Occupation PHYSICIAN</p> <p>Aggregate Year-to-Date > \$ 1000 -</p>	<p>Date (month, day, year) 10-27-97</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code PAUL WM 59 W 4TH ST ST PAUL MN 55102</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Remote Eng Inc</p> <p>Occupation Exec</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10-27-97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

1250 -

TOTAL This Period (last page this line number only)

28100.00

RECEIVED
FEDERAL ELECTION
COMMISSION
OFFICE OF CENTRAL
ADMINISTRATION

MAY 4 3 16 PM '98

DENNIS
NEWINSKI



P.O. Box 75165
St. Paul, MN • 55175-0165
Phone (612) 777-4469
Fax (612) 773-2192

4734

Alva Smith
Legal Department
Federal Elections Commission
999 E. St. NW
Washington D.C. 20463

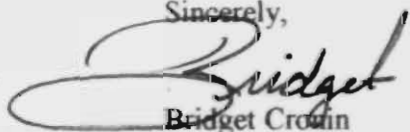
April 30, 1998

Dear Alva,

Enclosed are two signed copies of the summary page of our year-end FEC report. This information should satisfy the Federal Election Commission's request from the Newinski for Congress campaign.

Please feel free to call me with any further questions or requests for information. I can be reached at 612-642-1298.

Sincerely,


Bridget Crown
Campaign Manager

REPORT OF RECEIPTS AND DISBURSMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Dennis Newinski for Congress		2. FEC IDENTIFICATION NUMBER C00284216
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 3468 Rice St.		3. IS THIS REPORT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE and ZIP CODE St. Paul MN 55126	STATE/DISTRICT MN 4th	

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____
<input checked="" type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7-1-97 through 12-31-97		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	45220.00	80696.00
(b) Total Contribution Refunds (from Line 20(d))	-	-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	45,220.00	80696.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24397.11	45734.39
(b) Total Offsets to Operating Expenditures (from Line 14)	-	35.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	24397.11	45699.39
8. Cash on Hand at Close of Reporting Period (from Line 27)	31630.07	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	11040.50	

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

RICHARD RIENER

Signature of Treasurer

Richard Riener

Date

4-29-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) DENNIS NEWINSKI		2. FEC IDENTIFICATION NUMBER C00284216
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 3468 Rice St		3. IS THIS REPORT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE and ZIP CODE ST PAUL MN 55126	STATE/DISTRICT MN 4TH	

4. TYPE OF REPORT

- | | |
|---|--|
| <input type="checkbox"/> April 15 Quarterly Report | <input type="checkbox"/> 12-Day Pre-Election Report for the _____
(Type of Election) |
| <input type="checkbox"/> July 15 Quarterly Report | election on _____ in the State of _____ |
| <input type="checkbox"/> October 15 Quarterly Report | <input type="checkbox"/> 30-Day Post-Election Report for the _____
(Type of Election) |
| <input checked="" type="checkbox"/> January 31 Year End Report | election on _____ in the State of _____ |
| <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report |

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>7-1-97</u> through <u>12-31-97</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	45220.00	80696.00
(b) Total Contribution Refunds (from Line 20(d))	-	-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	45,220.00	80696.00
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(a) Total Operating Expenditures (from Line 17)	24397.11	45734.39
(b) Total Offsets to Operating Expenditures (from Line 14)	-	35.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	24397.11	45699.39
8. Cash on Hand at Close of Reporting Period (from Line 27)	31630.07	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	11040.50	

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 RICHARD RIENER	
Signature of Treasurer <i>Richard Riener</i>	Date 4-29-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3
(revised 4/87)

BEFORE THE FEDERAL ELECTION COMMISSION

Oct 21 3 46 AM '98

In the Matter of

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)
)
)

CASE CLOSURES UNDER
ENFORCEMENT PRIORITY

SENSITIVE

GENERAL COUNSEL'S REPORT

I. INTRODUCTION.

The cases listed below have been identified as either stale or of low priority based upon evaluation under the Enforcement Priority System (EPS). This report is submitted to recommend that the Commission no longer pursue these cases.

II. CASES RECOMMENDED FOR CLOSURE.

A. Cases Not Warranting Further Action Relative to Other Cases Pending Before the Commission

EPS was created to identify pending cases that, due to the length of their pendency in inactive status or the lower priority of the issues raised in the matters relative to others presently pending before the Commission, do not warrant further expenditure of resources. Central Enforcement Docket (CED) evaluates each incoming matter using Commission-approved criteria which results in a numerical rating for each case.

Closing

cases permits the Commission to focus its limited resources on more important cases presently pending before it. Based upon this review, we have identified 17 cases that do

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not warrant further action relative to other pending matters.¹ The attachments to this report contain a factual summary of each case, the EPS rating, and the factors leading to assignment of a low priority and recommendation not to further pursue the matter.

B. Stale Cases

Effective enforcement relies upon the timely pursuit of complaints and referrals to ensure compliance with the law. Investigations concerning activity more remote in time usually require a greater commitment of resources, primarily due to the fact that the evidence of such activity becomes more difficult to develop as it ages. Focusing investigative efforts on more recent and more significant activity also has a more positive effect on the electoral process and the regulated community. In recognition of this fact, EPS also provides us with the means to identify those cases which

remain unassigned for a significant period due to a lack of staff resources for effective investigation. The utility of commencing an investigation declines as these cases age, until they reach a point when activation of a case would not be an efficient use of the Commission's resources.

¹ These cases are: Pre-MUR 365 (*Friends of Marjorie Margolies-Mezvinsky, et al*); MUR 4729 (*Friends of Melinda Katz*); MUR 4730 (*The Capital Times*); MUR 4731 (*Randall Terry Live*); MUR 4732 (*Juneau Democratic District Committee*); MUR 4733 (*Families and Taxpayers for Bob Kilbanks*); MUR 4734 (*Dennis Newinski for Congress*); MUR 4738 (*Friends of Corrine Brown*); MUR 4739 (*Direct Voice/DMAPAC*); MUR 4744 (*Mayor James Hoffman*); MUR 4745 (*Congressional Accountability Project*); MUR 4746 (*Phillip Cyre*); MUR 4747 (*NAWGA-PAC & FOODVIP PAC*); MUR 4765 (*Gary Miller*); MUR 4767 (*Committee to Elect Glenn Reese To Congress*); MUR 4778 (*Rick Hill for Congress*); and MUR 4784 (*Verticchio for Congress*).

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We have identified cases that have remained on the Central Enforcement Docket for a sufficient period of time to render them stale. We recommend that these cases be closed.⁴

We recommend that the Commission exercise its prosecutorial discretion and direct closure of the cases listed below, effective October 29, 1998. Closing these cases as of this date will allow CED and the Legal Review Team the necessary time to prepare closing letters and case files for the public record.

⁴ The cases recommended for closure are: Pre-MUR 345 (*Simon Fireman*); MUR 4630 (*Kentucky State Democratic Central Committee*); MUR 4662 (*Democratic Congressional Campaign Cmte*); RAD 97L-08 (*Thomas for Congress*); RAD 97L-11 (*Eggleston for Congress*); RAD 97L-12 (*Massachusetts Democratic Party*); RAD 97L-13 (*McMains for Senate*); RAD 97L-20 (*Republican Party of Arkansas*); and RAD 97NF-24 (*NC Committee Against Extremism*).

III. RECOMMENDATIONS.

A. Decline to open a MUR, close the file effective October 29, 1998, and approve the appropriate letters in the following matters:

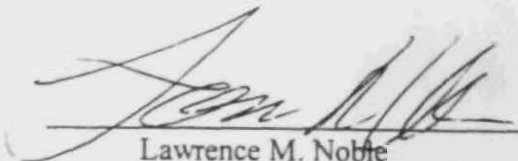
RAD 97L-08	RAD 97L-13	Pre-MUR 345
RAD 97L-11	RAD 97L-20	Pre-MUR 365
RAD 97L-12	RAD 97NF-24	

B. Take no action, close the file effective October 29, 1998, and approve the appropriate letters in the following matters:

MUR 4630	MUR 4732	MUR 4745
	MUR 4733	MUR 4746
MUR 4662	MUR 4734	MUR 4747
MUR 4729	MUR 4738	MUR 4765
MUR 4730	MUR 4739	MUR 4767
MUR 4731	MUR 4744	MUR 4778
		MUR 4784

10/20/98

Date



Lawrence M. Noble
General Counsel

98043901743

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of
Case Closures Under
Enforcement Priority.

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)

CERTIFICATION

I, Marjorie W. Emmons, Secretary of the Federal Election Commission, do hereby certify that on October 27, 1998, the Commission took the following actions with respect to the General Counsel's October 20, 1998 report on Case Closures under Enforcement Priority:

I. Decided by a vote of 4-0 to:

- A. Decline to open a MUR, close the file effective October 29, 1998, and approve the appropriate letters in the following matters, as recommended in the General Counsel's Report dated October 20, 1998:

- | | |
|---------------|----------------|
| 1. RAD 97L-08 | 5. RAD 97L-20 |
| 2. RAD 97L-11 | 6. RAD 97NF-24 |
| 3. RAD 97L-12 | 7. Pre-MUR 345 |
| 4. RAD 97L-13 | 8. Pre-MUR 365 |

- B. Take no action, close the file effective October 29, 1998, and approve the appropriate letters in the following matters, as recommended in the General Counsel's Report dated October 20, 1998:

- | | |
|-------------|--------------|
| 1. MUR 4630 | 7. MUR 4733 |
| 2. MUR 4662 | 8. MUR 4734 |
| 3. MUR 4729 | 9. MUR 4738 |
| 4. MUR 4730 | 10. MUR 4739 |
| 5. MUR 4731 | 11. MUR 4744 |
| 6. MUR 4732 | 12. MUR 4745 |

(continued)

98043901744

Federal Election Commission
Certification for Case Closure Under
Enforcement Priority
October 27, 1998

Page 2

13. MUR 4746	16. MUR 4767
14. MUR 4747	17. MUR 4778
15. MUR 4765	18. MUR 4784

Commissioners Elliott, Mason, McDonald,
and Thomas voted affirmatively for the
decision; Commissioners Sandstrom and Wold
did not cast a vote.

Attest:

10/27/98
Date

Marjorie W. Emons
Marjorie W. Emons
Secretary of the Commission

Received in the Secretariat:	Wed., Oct. 21, 1998	9:46 a.m.
Circulated to the Commission:	Wed., Oct. 21, 1998	11:00 a.m.
Deadline for vote:	Mon., Oct. 26, 1998	4:00 p.m.

lrd

90043901745



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

November 2, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Dick Senese, Chair
Minnesota Democratic Farmer Labor Party
352 Wacouta Street
Saint Paul, MN 55101

RE: MUR 4734

Dear Mr. Senese:

On March 30, 1998, the Federal Election Commission received your complaint alleging certain violations of the Federal Election Campaign Act of 1971, as amended ("the Act").

After considering the circumstances of this matter, the Commission has determined to exercise its prosecutorial discretion and to take no action against the respondents. See attached narrative. Accordingly, the Commission closed its file in this matter on October 29, 1998. This matter will become part of the public record within 30 days.

The Act allows a complainant to seek judicial review of the Commission's dismissal of this action. See 2 U.S.C. § 437g(a)(8).

Sincerely,

A handwritten signature in dark ink, appearing to read "F. Andrew Turley", is written over a horizontal line.

F. Andrew Turley
Supervisory Attorney
Central Enforcement Docket

Attachment
Narrative

MUR 4734

DENNIS NEWINSKI FOR CONGRESS

Dick Senese, Chair of the Minnesota Democratic Farmer Labor Party, complains that the Dennis Newinski for Congress Committee's 1997 Year End Report is illegible and 87% of the contributor information is omitted.

In response to the complaint, Dennis Newinski for Congress explains that its practice is to file its FEC reports on time, even though "best efforts" information may not have been received from contributors by the filing deadline. The Committee asserts that it continues to try to obtain this information from contributors and, when it is received from them, files amended reports containing the updated information. The Committee attached to its response the most recent amendment to its 1997 Year End Report.

The response reflects no serious intent to violate the FECA. This matter is less significant relative to other matters pending before the Commission.

90043901747



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

November 2, 1998

Mr. Richard C. Riener, Treasurer
Dennis Newinski for Congress
3468 Rice Street
St. Paul, MN 55126

RE: MUR 4734

Dear Mr. Riener:

On April 3, 1998, the Federal Election Commission notified you of a complaint alleging certain violations of the Federal Election Campaign Act of 1971, as amended. A copy of the complaint was enclosed with that notification.

After considering the circumstances of this matter, the Commission has determined to exercise its prosecutorial discretion and to take no action against Dennis Newinski for Congress and you, as treasurer. See attached narrative. Accordingly, the Commission closed its file in this matter on October 29, 1998.

The confidentiality provisions of 2 U.S.C. § 437g(a)(12) no longer apply and this matter is now public. In addition, although the complete file must be placed on the public record within 30 days, this could occur at any time following certification of the Commission's vote. If you wish to submit any factual or legal materials to appear on the public record, please do so as soon as possible. While the file may be placed on the public record prior to receipt of your additional materials, any permissible submissions will be added to the public record when received.

If you have any questions, please contact Alva E. Smith on our toll-free telephone number, (800) 424-9530. Our local telephone number is (202) 694-1650.

Sincerely,

A handwritten signature in black ink, appearing to read "F. Andrew Turley", is written over the typed name.

F. Andrew Turley
Supervisory Attorney
Central Enforcement Docket

Attachment
Narrative

MUR 4734

DENNIS NEWINSKI FOR CONGRESS

Dick Senese, Chair of the Minnesota Democratic Farmer Labor Party, complains that the Dennis Newinski for Congress Committee's 1997 Year End Report is illegible and 87% of the contributor information is omitted.

In response to the complaint, Dennis Newinski for Congress explains that its practice is to file its FEC reports on time, even though "best efforts" information may not have been received from contributors by the filing deadline. The Committee asserts that it continues to try to obtain this information from contributors and, when it is received from them, files amended reports containing the updated information. The Committee attached to its response the most recent amendment to its 1997 Year End Report.

The response reflects no serious intent to violate the FECA. This matter is less significant relative to other matters pending before the Commission.

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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

November 2, 1998

Mr. Dennis Roman Newinski
2198 Mapleview Avenue
Maplewood, MN 55109

RE: MUR 4734

Dear Mr. Newinski:

On April 3, 1998, the Federal Election Commission notified you of a complaint alleging certain violations of the Federal Election Campaign Act of 1971, as amended. A copy of the complaint was enclosed with that notification.

After considering the circumstances of this matter, the Commission has determined to exercise its prosecutorial discretion and to take no action against you. See attached narrative. Accordingly, the Commission closed its file in this matter on October 29, 1998.

The confidentiality provisions of 2 U.S.C. § 437g(a)(12) no longer apply and this matter is now public. In addition, although the complete file must be placed on the public record within 30 days, this could occur at any time following certification of the Commission's vote. If you wish to submit any factual or legal materials to appear on the public record, please do so as soon as possible. While the file may be placed on the public record prior to receipt of your additional materials, any permissible submissions will be added to the public record when received.

If you have any questions, please contact Alva E. Smith on our toll-free telephone number, (800) 424-9530. Our local telephone number is (202) 694-1650.

Sincerely,

A handwritten signature in black ink, appearing to read "F. Andrew Turley".

F. Andrew Turley
Supervisory Attorney
Central Enforcement Docket

Attachment
Narrative

98043901750

MUR 4734

DENNIS NEWINSKI FOR CONGRESS

Dick Senese, Chair of the Minnesota Democratic Farmer Labor Party, complains that the Dennis Newinski for Congress Committee's 1997 Year End Report is illegible and 87% of the contributor information is omitted.

In response to the complaint, Dennis Newinski for Congress explains that its practice is to file its FEC reports on time, even though "best efforts" information may not have been received from contributors by the filing deadline. The Committee asserts that it continues to try to obtain this information from contributors and, when it is received from them, files amended reports containing the updated information. The Committee attached to its response the most recent amendment to its 1997 Year End Report.

The response reflects no serious intent to violate the FECA. This matter is less significant relative to other matters pending before the Commission.

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FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

THIS IS THE END OF MUR # 4834

DATE FILMED 12/2/98 CAMERA NO. 3

CAMERAMAN EEJ

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