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1	Beginn same	ng cash batance 1/1/09 (s the 12/31/08 anding ca	sh balance)	\$ 1684.31			Total (Col. 4)
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2	Total c	beviesor anotadita	Sch. A1 - CR	DEN AL	5-690.00		\$
3	Receip	a from loans payable	Sch. A2 - LP				5
4	Misoel	eneous income	Soh. A2 - MISC	\$			
5	TOTA	RECEIPTS	6um #2 thru #4		5,640.00	3	5
8		ISBURGEMENTS:		Cash (Gol. 1)	Unpaid bille (Col. 2)	In-kind (Col. 3)	Total (Col. 4)
6	Experi	ikres	Sch. B1 - EXP		T S	\$	\$
7	Contri	utions to principal on committeea	Sch. 82 - CAN			8	\$
8		utions to political party	Sch. 82 - PTY			\$	5
9	Contr	nutions to political nees and funds	Sch. 82 - PAC	5		5	3
10	Indep	nden) expenditures \$46 ed form on page 16	Sch. 63 - INO	3	\$		\$
11	TOT/	EXPENDITURES AND	Sum #6 thru #11	5,606.05	1		
12		cesh balance 12/31/00	#1+#5-#11	1.718.2	10		4
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T	ntai of a	notes and loans creat b	y your committee	ne of December 3	1, 2009, including i	të previous years.	·D.*
T	otel of a	notes and loans owed i	o your committee	as of December 31	1, 2009, including i	il) previope years.	\$ 0.00
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Minnesota Campaign Finance and Public Disclosure Board



Suite 190. Centennial Office Building 659 Cedar Street St. Paul MN 55155-1603 . www.cfboard.state.mn.us Email at: cfb.reports@state.mn.us.

Report of Receipts and Expenditures for Political Party Units Period covered: January 1 through December 31, 2010

REPORT DUE DATE IS January 31, 2010

FILING INSTRUCTIONS

- This report may be emailed to cfb.reports@state.mn.us or faxed to (651) 296-1722; (800) 357-4114
- All information on this form or report is public information and may be published on the Board's website at www.cfboard.state.mn.us
- It is unlawful to use this information for commercial purposes.
- Do not use pencil or red ink.
- Board staff may also be reached by phone at (651) 296-5148 or (800) 657-3889 or by email at cf.board@state.mn.us

COMMITTEE OR FUND INFORMATION

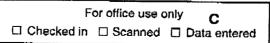
Party Unit Name St Paul RPM	Registration number 20722
Treasurer name Janan Sharpe	Treasurer email address j_k_sharpe@hotmail.com
Treasurer address 1576 Fernwood St	
Treasurer city, state, zip St Paul, MN 55108	Treasurer telephone 6512700670

REPORT OPTIONS

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

	No change statement	Check this box only if your committee or fund received <i>no</i> contributions and made <i>no</i> expenditures since your last reporting period. Do not use this statement if there was any monetary change. If there was no change:
		Provide the current cash balance: \$, and sign here
F		I, the I treasurer or I deputy treasurer (check one) Date certify there has been no change
	Amendment	Check this box if your committee or fund is filing this report to amend a previously filed report for this period.
		Provide date of the report being amended:
	Termination	Check this box if your committee has dissolved. A committee may not dissolve unless it has settled all its debts and disposed of all its assets in excess of \$100.
~		

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



1	Beginning cash balance 1/1/10 (s same as the 12/31/09 ending ca	should be the ash balance)	\$ 1718.26			
A	RECEIPTS:		Cash (Col. 1)	Blank (Col. 2)	In-kind (Col. 3)	Total (Col. 4)
2	Total contributions received	Sch. A1 - CR	\$		\$	\$1,214.5
3	Receipts from loans payable	Sch. A2 - LP	\$ 0.00			\$ 0.00
4	Miscellaneous income	Sch. A2 - MISC	\$			\$
5	TOTAL RECEIPTS	Sum #2 thru #4	\$		\$	\$ 1,214.5
в	DISBURSEMENTS:		Cash (Col. 1)	Unpaid bills (Col. 2)	In-kind (Col. 3)	Total (Col. 4)
6	Expenditures	Sch. B1 - EXP	\$	\$	\$	\$ 2,108,
7	Contributions to principal campaign committees	Sch. B2 - CAN	\$		\$	\$ (),00
8	Contributions to political party units	Sch. B2 - PTY	\$ ().00		\$	\$ (1.06
9	Contributions to political committees and funds	Sch. B2 - PAC	\$ ().00		\$	\$ ().00
Q	Independent expenditures See required form on page 16	Sch. B3 - IND	\$	\$		\$
1	Ballot question expenditures	Sch. B4 - BQ	\$	\$	\$	\$
2	TOTAL EXPENDITURES AND DISBURSEMENTS	Sum #6 thru #11	\$	\$	\$	\$2,108.3
3	Ending cash balance 12/31/10	#1 + #5 - #12	\$ 824.46			

Total of all notes and loans owed by your committee as of December 31, 2010, including all previous years.	\$ 0.00	Ċ
Total of all notes and loans owed to your committee as of December 31, 2010, including all previous years.	\$ 0,00	2

CERTIFICATION

A. 相對於這些不能的各種的な。這些有

(print or type name)

____, certify that this report is complete, true, and correct.

U Signature of treasurer

1-30-2010

or deputy treasurer (check one)

Date

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

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SCHEDULE A1 - CR - CONTRIBUTIONS RECEIVED

Make photocopies of this page if additional space is needed

Date	Committee registration number	Name and full address of contributor If contributor is an individual list the name of employer (if self-employed, list "self" & disclose the occupation)	1 Cash	3 In-kind (list item & fair market value)	4 Total Cash & in-kind
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
			-	-	Ψ
	#		\$	\$	\$
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	#				
			\$	\$	\$
		Total of non-Itemized receipts	\$	\$	\$
	an Balance and the second structure of	TOTALS	\$	\$	\$1,214.50
			To pg. 3, line 2, col. 1	To pg. 3, line 2, col. 3	To pg. 3, line 2, col. 4

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

Make photocopies of this page if additional space is needed.

Page _____ of ____

\$

Total of non-itemized receipts

S S Total of non-iternized receipts Total receipts Date Name and full address Name of employer if individual Description or purpose of Total receipts	Date	Name and full address Name of employer if individual (if self-employed, list "self" & disclose the occu	pation)	Total receipts from miscellaneous income \$
S Total of non-iternized receipts S Total of non-iternized receipts Total of annology if individual individual index receipts Date Total receipts Name and full address Name and full address Name of annipoyer if individual income Total receipts				Ψ
S Total of non-ternized receipts SCHEDUILE A2-MISC - RECEIPTS FROM MISCELLANNEOUS INCOME Date Name of employer if individual Description or purpose of miscellaneous income Mane of employer if individual Interest from 1 A disolder the occupation) Date Name of employer if individual Interest from 1 Interest from 1 Interest from 1 A disolder the occupation) Interest from 1 A disolder the occupation Interest from 1 A disolder the occupation Interest from 1 A disolder the occupation Interest from 1 A dinterest from 1 A disolder				\$
Total of non-itemized receipts Total of non-itemized receipts Total of non-itemized receipts Totals Totals Schedulter A2-MISC-RECEIPTS/FROM MISCELLANEOUS INCOME Date Name and full address Name of employer if individual Description or purpose of miscellaneous income Interest from miscellaneous income 2-4-10 Pax Pal VerifyBank interest from form 3 .03				\$
Total of non-itemized receipts Totals \$ 0 0 Totals Totals SCHEDULE A2 - MISC - RECEIPTS/FROM MISCELLANEOUS INCCOME Date Name and full address Name of employed, list "self" & disclose the occupation) Description or purpose of miscellaneous income Date Name of employed, list "self" & disclose the occupation) Date Name and full address Description or purpose of miscellaneous income Total receipts from miscellaneous income 2-4-10 PGX POJ VerifyBank interest from from number of employed, list "self" & disclose the occupation) \$ 2-4-10 PGX POJ VerifyBank interest from from number of employed is the occupation of purpose of power of power of power of power of the occupation of number of employed is the occupation of employed is the occu				\$
Date Name and full address Name of employer if individual (it self-employed, list "self" & disclose the occupation) 2-4-10 Paypal verify Bank 2-4-10 Paypal verify Bank 3 - 4-10 Paypal verify Bank 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -			Total of non-itemized receipts	\$
col. 1.8.4 SCHEDULE A2 - MISC - RECEIPTS FROM MISCELLANEOUS INCOME Date Name and full addresss Name of employer if individual (if self-employed, list "self" & disclose the occupation) Description or purpose of miscellaneous income Total receipts from miscellaneous income 2-4-10 Day Pal VerifyBank interest-form form , 02 2-4-10 PayPal VerifyBank interest from PayPal account \$, 03 2-4-10 PayPal VerifyBank interest from PayPal account \$, 03 3 \$ \$			TOTALS	\$ 0,00
Date Name and full address Name of employer if individual (if self-employed, list "self" & disclose the occupation) Description or purpose of miscellaneous income Total receipts from miscellaneous income 2-4-10 Pax Pal VerifyBank interest from paypal cease \$ 2-4-10 Paypal verify Bank interest from paypal account \$ 2-4-10 Paypal verify Bank interest from paypal account \$ 3 \$				J
Date Name of employer if individual (if self-employed, list "self" & disclose the occupation) Description or purpose of miscellaneous income miscellaneous income income 2-4-10 PGXPQJ VerifyBank interest from to 2 2-4-10 PGXPQJ VerifyBank interest from to 3 interest from to 3 is 03 S	A	SCHEDULE A2 - MISC - RECEIPTS FROM MIS		
2-4-10 Paxpal verify Bank interest from 1,02 2-4-10 paypal verify Bank interest from 1,03 paypal account 5 3	Date	Name of employer if individual	Description or purpose of miscellaneous income	miscellaneous
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\$	2-4-10	Paypal verify Bank		
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TOTALS \$, 05 To pg. 3, line 4, col. 1 & 4

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Make photo	Make photocopies of this page if additional space is n eeded .					Page	e of
Date	Name and full address of payee, Including third party payees	, Specific purpose of expenditure (e.g. flyers for fundraiser)	1 Cash	2 Contrib. to federal and local committee	3 Unpaid bills	4 in-kind (list ftem & fair market value)	5 Total Cash & in-kind
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91 -12-77	Riverview elonomic Development association		ю	ю	<i>ө</i>	ю	\$ 320.66
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101-6	morelli's Discount light 535 tedesco Stign	fundraiser	<i>м</i>	63	ө	¢	\$ 200 F
-11-9	white bear Ave Buisness Association white bear LK 4701 Hwy col white Bear LK		\$	69	⇔	⇔	\$ 20 20
	-	Total of non-itemized expenditures/disbursements	\$3	\$	69	÷	\$
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To pg. 3, line 6, col. 4

To pg. 3, line 6, col. 3

To pg. 3, line 6, col. 2

Add totals of col. 1 & 2 To pg. 3, line 6, col. 1

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SCHEDULE B2 - CAN - CONTRIBUTIONS TO PRINCIPAL CAMPAIGN COMMITTEES

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Page _____ of _____

Entries must be in alphabetical order by candidate's last name.

Date	Committee registration number	Name and full address of committee (for approved expenditure; also list name and full address of vendor paid)	1 Cash	2 Goods or services (list item & fair market value)	3 In-kind contribution (list item & fair market value)	4 Totai Cash & in-kin
	#		\$	\$	\$	\$
	#		\$	\$	\$	\$
	#		\$	\$	\$	\$
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	#		\$	\$	\$	\$
	#		\$	\$	\$	\$
	#		\$	\$	\$	\$
-	#		\$	\$	\$	69
	Tot	al of non-itemized contributions/disbursements	\$	\$	\$	\$
*********		TOTALS	\$	\$ of col. 1 & 2	\$ To pg 3, line 7,	0,00 To pg 3, line 7

SCHEDULE B2 – PTY – CONTRIBUTIONS TO POLITICAL PARTY UNITS

Entries must be in alphabetical order

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Page ____ of ____

Committee registration number 2 Goods or 3 In-kind Name and full address of committee services (list contribution 4 Total Date (for approved expenditure; also list name and full 1 Cash item & fair (list item & fair Cash & in-kind address of vendor paid) market value) market value) # \$ \$ \$ \$ # \$ \$ \$ \$ # \$ \$ \$ S # \$ \$ \$ \$ # \$ \$ \$ \$ ŧ \$ \$ \$ \$ # \$ \$ \$ \$ # \$ \$ \$ \$ # \$ \$ \$ \$ \$ \$ \$ \$ Total of non-itemized contributions/disbursements \$ \$ \$ ŝ TOTALS

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line 8, col. 1

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SCHEDULE B2 – PAC - CONTRIBUTIONS TO POLITICAL COMMITTEES AND POLITICAL FUNDS

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Page _____ of _____

	<u> </u>	Entries must be in a			r	T
Date	Committee registration number	Name and full address of committee (for approved expenditure; also list name and full address of vendor paid)	1 Cash	2 Goods or services (list item & fair market value)	3 In-kind contribution (list item & fair market value)	4 Total Cash & in-kind
	#		\$	\$	\$	\$
	#		\$	\$	\$	\$
	#		\$	\$	\$	\$
	#		\$	\$	\$	\$
¥.	#		\$	\$	\$	\$
	#		\$	\$	\$	\$
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	#		\$	\$	\$	\$
	#		\$	\$	\$	\$
	Tota	al of non-itemized contributions/disbursements	\$	\$	\$	\$
		TOTALS	\$	\$	\$	\$ 70.00
			Add totals of ¢	ol, 1 & 2 To pg. 3, 9, col. 1	To pg 3, line 9, col 3	To pg 3, line 9, coi 4

Entries must be in alphabetical order

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AGE 9 SCHEDULE 81 - EXPENDIT Specific purpose of expenditure							Total of non-itemized expenditures/disbursements	TOTALS	
LIST INVERTENDENT EXPENDITUES FOR LOCAL CANDIDATES ON PAGE 9 SCHEDULE 61 - EXPENDITURES THE Candidate Vendor F A Against Vendor Specific purpose of Against Paid) F A Against Paid) 1							Total of non-itemize		
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otsbibneO Registration Wimber	#	*	#	#	#	Ф			0.255
Name of candidate affected and office sought (List last name, first name)									

SCHEDULE B4 - BQ - BALLOT QUESTIONS

			1	 	· · · · · · ·	T	·····
	4. Total	æ	64	¢	\$	\$0.60 \$	To p. 3, line 11, col 4
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	2. Unpaid bilts	цэ	69	÷	\$	\$	To p. 3, line 11 col. 2
needed.	1. Cash	()	æ	ф	\$	6 9	To p. 3, line 11, col.1
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	Name and full address of vendor (including third party payees)						
	Date						

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SGHEDULE C - LOANS PAYABLE AND RECEIVABLE - as of Dec. 31, 2010, including prior years

Make photocopies of this page if additional space is needed.

Page ____ of ___

Date of original loan	Name, full address, employer, and occupation for each lender, endorser, or borrower (if self-employed, list "self" and the occupation)	1 Payables Amount owed by committee at the end of period	2 Receivables Amount receivable (owed to committee) at the end of period
		\$	\$
		\$	\$
		\$	\$
		\$	\$
	TOTALS	\$	\$ () . 60

SCHEDULE D - UNPAID OBLIGATIONS - as of Dec. 31, 2010, including prior years

Month, day, year obligation was incurred	Name and full address of each creditor and purpose of credit extension	1 Goods and services for other entities	2 All other disbursements
		\$	\$
		\$	\$
		ſ	
		\$	\$
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l	TOTAL	\$	\$ 6.00

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-	 All information or www.cfboard.stat It is unlawful to us 	his report is public info e.mn.us to this information for or be reached by phone a DR.Hs	ormation and may be p ormencial purposes, at (651) 296-5148 or (6	to (651) 296-1722 or (800) 357 ublished on the Board's website 00) 657-3889 or by email at. 6513 29 6 - 17 0	
		COMM	ITTEE INFORMA	· · · · · · · · · · · · · · · · · · ·	
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-30	3-2012 09:13 From:ASPEN M	APLEW000ST2	651 241 954	32 To:	6512961722	P.1
ni.S	ann an tarainn an tar C	OMMITTEE	TRANSACTIC	N SUMMARY		
1	Beginning ceah balance 1/1/11 (a same as the 12/31/10 ending ce	hould be the sh balance)	\$824.81]		
•	RECEIPTS:		Cash (Col. 1)	Biank (Col. 2)	in-kind (Col. 3)	Total (Col. 4
2	Total contributions received	Sch, A1 - CR	\$1908.68	en alle dates - alle alle in magnetic alle and the second	\$ 0	\$1908.6
3	Receipts from loans payable	Sch. A2 - LP	\$ 0	antin and start		\$ 0
4	Miscoliansous Income	Sch. A2 - MISC	\$ 0		le ser and the sta	۰0
5	TOTAL RECEIPTS	Sum #2 thru #4	1908.69		\$ ()	\$1908.6
8	DIBBURSEMENTS:		Cash (Col. 1)	Unpaid bills (Col. 2)	In-kind (Col. 3)	Total (Col. 4
6	Expenditures	Sch. 81 - EXP	\$2373.09	\$ ()	3 A	•2273.0
7	Ballot quostion expenditures	Sch. 81-80	5 🔿	\$ ()	\$ 0	5
8	Contributions to principal campaign committoes	Sch. 82 - CAN	\$50.00		\$ 0	• 50.00
9	Contributions to political party Units	Sch. 82 - PTY	\$ ()		\$ ()	\$ (1
0	Contributions to political committees and tunds	5ch. 82 - PCF	5 ()	2	\$ (Š	s ()
1	Independent expenditures See required form on page 18	Sch. B3 - IND	5 ()	\$ ()	an share	۰٥
2	TOTAL EXPENDITURES AND DISSURSEMENTS	Sum #6 thru #11	\$ 9393908	\$ 0	\$ 0	e93930
3	Ending cash balarice 12/31/11	#1+#5- #12	PE.014=			

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	CERTIFICATION
(print or type name)	, certify that this report is complete, true, and correct.
hand the se	120-2012

Total of all unpaid obligations owed by your committee as of December 31, 2011, including all previous years. (8ch, D)

K Signature of treasurer

- 20 QU IC

Date

or deputy treasurer (chock one)

Total of all loans owed by your committee as of Decombor 31, 2011, including all previous years. (Sch. C)

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

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JAN-30-2012 09:13 From: ASPEN MAPLENDODST2 651 241 9502

To:6512961722

P.3/11

		SCHEDULE A1 - CR - CONTRIBUTION	S RECEIVE	D	
Nake photo	oopies of this pa	ge if additional space is needed		Pag	of
Date	Committee Nglabation Number	Name and full address of contributor If contributor is an individual list the name of employer (if self-amployed, But "self" & discuse the occupation)	Cal. 1 Cash	Col. 2 In-Idnd (list tem & fair market value)	Col. 3 Total Cesh & In-kinc
3:21+11	30051	4th Congressional RPM District	355.00		0
9-261)	96199	SPACC (Refurn of Cosh for Fundmiser)	90000	5	8
	*		\$	\$	8
	*		\$	5	\$
	#		\$	\$	\$
	#		3	\$	\$
	*		5	5	5
	*		\$	8	\$
	#		\$	5	\$
	•		\$	5	\$
		Total of teon-itemized receipts	135368	¹ O	0
		TOTALS	1908.68		*O
			To pg. 3, line 2, col. 1	To pg. 3, line 2, col. 3	To pp. 3. little 2, col. 4

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	Name and Pall address of payee, tockethe Third party payees	Specific purpose of expenditure (e.g. fijers)	25		Cold B Unpedd Mia	Col. 4 In-Mad field Men A fair mathet value)	Cot a Total Cash A In An
	apple (rity 2.2.2.15 The sty of a minimum Debes sty of a minimum	ann Renublean Chy committee Cours Had	32928	~	0 5	0	129 N
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JAN-30-2012 09:14 From: ASPEN MAPLENDCOST2 651 241 9582 To: 6512961722

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51 241 9502	To:6512961722	P.7/11
104	51 241 9502	51 241 9582 To:6512961722

SCHEDULE B2 - CAN - CONTRIBUTIONS TO PRINCIPAL CAMPAIGN COMMITTEES.

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

Page ____ of ____

Entries must be in afohabetical order by candidate's fast name.

Date	Committee rogistration number	Name and full address of committee (for approved expenditure; also list name and full oddress of vondor paid)	Col. 1 Cash	Col, 2 Goods or sarvices (list item & fair market value)	Çol. 3 İn-kind contribution (ëst izm & fair markel value)	Col. 4 Total Cash & t-kind
	#		5	5	\$	\$
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	Total of	non-Nemized contributions/disbursements	* 50.0D	· 0	· 0	•
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			COMMITTEE	OR FUND INFO		
	St	Res of time turns Paul RPM			20722	
		nan Sharpe			j_k_sharpe@hotmail.com	
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