

# US experts debate: Who should be next in line for vaccine?

Associated Press

NEW YORK — Deciding that health care workers and nursing home residents should be first in line for the initial, limited supplies of COVID-19 shots wasn't that hard a call. Now U.S. health officials have to determine who should be next.

How high a priority, for example, should senior citizens, teachers, transit workers and supermarket employees get in the next few months as more vaccine becomes available?

A federal panel of vaccination experts takes up that question at an emergency meeting this weekend. Its guidance is not binding, and no matter what it decides, there will be differences from state to state.

The panel members are leaning toward putting "essential workers" next up because people like bus drivers, grocery store clerks and others who perform vital jobs that can't be done from home are the ones getting infected most often. That is also where concerns about racial inequities in the crisis are most apparent. Many essential workers are Black and Hispanic.

But other experts say people 65 and older should be next, along with people with certain medical conditions. Those are the ones who are dying at the highest rates, they say.

The panel is scheduled to vote on the proposal Sunday.

"I think we know this isn't going to be perfect. We don't have vaccine for everyone right away, so we're going to have to make difficult decisions," said Claire Hannan, executive director of an organization that represents managers of state vaccination programs.

If essential workers are indeed next up, states already have different ideas about who among them should be closer to the front of the line.

In Nevada, for example, teachers and child care staff will be ahead of public transportation workers, according to the state's current plan. Then come agriculture and food workers, and then retail and utility employees.

In South Dakota, teachers could get access before those working in food and transportation. In Arkansas, the essential workers list includes teachers, prison guards, police officers, meatpacking plant workers and advisors.

The advice of the expert panel — the Advisory Committee on Immunization Practices — is almost always endorsed by the U.S. Centers for Disease Control and Prevention. That's what happened earlier this month, when the group said top priority should be given to health care workers and residents of long-term care homes for the 20 million initial vaccinations this month.

But it's not clear things will go the same way in the next phase. CDC Director Dr. Robert Redfield has said he believes priority should be given to people 70 and older who live with children or grandchildren.

The advisory panel's chairman, Dr. Jose Romero, told The Associated Press he was aware of Redfield's comments but had not spoken directly with him about it.

Redfield declined to say if he would prioritize senior citizens over essential workers even if the panel recommended the reverse. "I look forward to listening to the advisory group's discussion, and to receiving its recommendation for consideration," he said in an email to the AP.



Volunteer Alex Wynn plays with Hester behind the Mower County Humane Society earlier this year. Herald file photo

# Consider pet adoption

For many, this time of year is a joyous, anticipated holiday. The gifts, the music, the message: all of these things provide us with some of our fondest memories.

It marks a time to come together as family and friends and enjoy the warmth of hospitality.

COVID-19 will put a dent in that, but we will still find a way to come together in some fashion so we may keep the spirit of Christmas alive.

But for many, this holiday will mark a time of loneliness where they have either very few people

## Our opinion

in their life or nobody at all. However, companionship is just down the road in the form of the dogs and cats ready for adoption at the Mower County Humane Society. These animals are also looking for a place to call home, a friend who will love them.

While some people may opt for a puppy or a kitten this Christmas, we urge you to consider opening up your home to the unconditional love these animals will give.

By providing one of these animals a place in your home, you are inviting a friend to come be a part of your family.

The MCHS will help guide you through this process, even arranging private time with the animal you are considering adopting.

Visit <https://mchs.rescuegroups.org/> for more information as well to check out which animals are available for adoption. You can also turn to 5B in this edition of the Herald to get a sneak peak of the dogs and cats available for adoption.

# The proper length to follow a vehicle

**Question:** What is the legal following distance? What can I do when someone is following too close behind me? Isn't there a rule of so many vehicle lengths for miles per hour to use as a guide?



**Answer:** The only law regarding following distance pertains to vehicles pulling trailers. This includes trucks as well as semi-truck tractors with trailers. They must maintain a minimum distance of 500 feet.

While state law does not require a specific distance for vehicles not pulling trailers, it does say that you shall not follow another vehicle more closely than is

reasonable and prudent, having due regard for the speed of such vehicles and the traffic upon and the conditions of the highway.

We recommend what's called the 3-second-plus following distance rule. Watch the vehicle in front of you. When that vehicle gets past an object such as a sign, pole, bridge, etc., then count off three seconds. You should not arrive at that spot sooner than your count to three.

If you do, then you are following too close! Also, you must add one second for every hazard that exists. Hazards include but are not limited to heavy traffic, rain, snow, fog, driving into the sun, etc. In some cases you might have to allow six, seven seconds (or even more) to be safe because of existing hazards.

Learn how to recognize any kind of hazard while you are driving out there, and practice the 3-second (plus) following rule. If everyone were to follow this simple rule, many crashes that cause serious injuries and or death could be prevented.

Check your mirrors every 3 to 5 seconds so

you know what is going around you. While we cannot control the vehicles around us, we can control our own driving habits.

*You can avoid a ticket — and a crash — if you simply buckle up, drive at safe speeds, pay attention and always drive sober. Help us drive Minnesota Toward Zero Deaths.*

*If you have any questions concerning traffic related laws or issues in Minnesota send your questions to Sgt. Troy Christianson — Minnesota State Patrol at 2900 48th Street NW, Rochester MN 55901-5848. (Or reach him at, Troy.Christianson@state.mn.us)*

# COVID-19 Crippling restrictions need better justification

The Free Press, Mankato  
Distributed by Tribune Content Agency, LLC.

Dec. 18—While Gov. Tim Walz and the Minnesota Department of Health say their shutdown decisions have been driven by data, it's increasingly apparent we don't have enough data to reasonably justify continuing to impose crippling economic restrictions on certain businesses.

Hospitality Minnesota makes a strong argument that bars and restaurants shouldn't face continued closures when the health department data attributes only two percent of the spread through documented outbreaks as coming from their business.

In fact, 7-day average positive rates went down slightly after the bars closed on Nov. 20, but spiked by Nov. 25 while the bars were still closed, suggesting the spread was from people who were gathering elsewhere and not at bars.

COVID-19 cases, pos-

## Others' opinion

itive rates and hospitalizations continue to moderate or go down. While deaths remain at a relatively high level, those also seem to be dropping or moderating also. COVID rates are coming down in all Upper Midwest states that don't have restaurant bans.

Yet Minnesota kept its bar and restaurant restrictions in place for three more weeks.

A number of significant factors have changed since the restaurant-bar shutdowns in the spring and even in November.

Chief among those mitigating factors is the presence of the vaccine. Already thousands of health care workers are getting the protection from the virus they need. Treatment of COVID cases has much improved, according to health experts. Knowledge of how

the virus spreads also has improved.

Minnesota Health Commissioner Jan Malcolm argued against the 2 percent spread case made by Hospitality Minnesota, saying that one person getting COVID in a bar could spread it to up to 70 others. If that's the case, that should be shown in the numbers attributed to bars and restaurants. Such undocumented spread would also apply to other settings.

While ICU hospital capacity appears to be at 80 percent to 90 percent, hospital data shows additional "surge" beds that could be deployed adding 50 percent to existing capacity.

An analysis by Minnesota Public Radio data expert David Montgomery points to health data that shows bars and restaurants are connected to 3.8 percent of the cases where contact tracing was done, but only about 2 percent if one includes all cases.

Hospitality Minnesota also argues convincingly that alternatives to bars and restaurants may be more risky for spread. Many will likely gather with friends at indoor spots like homes and heated garages. And let's not forget, the law still allows church services of 250 people.

Walz and Malcolm are right: The holidays can be problematic for socializing. But it seems as likely we will have virus spread in unregulated environments like people's homes versus bars and restaurants, where mask requirements are enforced.

The MPR analysis concludes the existing data does not clearly identify bars, restaurants or other gathering places as the biggest spreaders. The data suggests possibilities and likelihoods but few solid statistical correlations. And as the MPR analysis concludes: "We just don't have the data."

## Contacting elected officials

### National Elected Officials

**Sen. Amy Klobuchar (DFL)**  
425 Dirksen Senate Building  
Washington, DC 20510  
**Phone:** 1-202-224-3244  
**Fax:** 1-202-228-2186  
[www.klobuchar.senate.gov](http://www.klobuchar.senate.gov)

**Sen. Tina Smith (DFL)**  
720 Hart Senate Office Building  
Washington, DC 20510-2309  
**Phone:** 1-202-224-5641  
**Fax:** 1-202-224-0044  
[www.smith.senate.gov](http://www.smith.senate.gov)

**Rep. Jim Hagedorn (R)**  
325 Cannon House Office Building  
Washington, DC 20515-2301  
**Phone:** 1-202-225-2472  
**Fax:** 1-202-225-3433  
<https://hagedorn.house.gov/>

### State Elected Officials

**Office of Governor Tim Walz and Lt. Governor Peggy Flanagan**  
130 State Capitol  
75 Rev Dr. Martin Luther King Jr. Blvd.  
St. Paul, MN 55155  
**Phone:** 651-201-3400  
**Fax:** 651-797-1850  
<https://mn.gov/governor/>

**Rep. Peggy Bennett (27A, R)**  
307 State Office Building  
St. Paul, MN 55155  
**Phone:** 1-651-296-8216  
**Email:** [rep.peggy.bennett@house.mn](mailto:rep.peggy.bennett@house.mn)

**Rep. Jeanne Poppe (27B, DFL)**  
487 State Office Building  
St. Paul, MN 55155  
651-296-4193  
**Email:** [rep.jeanne.poppe@house.mn](mailto:rep.jeanne.poppe@house.mn)

**Sen. Dan Sparks (DFL)**  
2201 Minnesota Senate Bldg.  
St. Paul, MN 55155  
651-296-9248  
**Email:** [sen.dan.sparks@senate.mn](mailto:sen.dan.sparks@senate.mn)

### City Elected Officials

**Mayor Tom Stiehm**  
**Phone:** 1-507-437-9965  
**Email:** [mayor@ci.austin.mn.us](mailto:mayor@ci.austin.mn.us)

**Austin City Council Jeff Austin (Member At-Large)**  
**Phone:** 507-438-7730  
**Email:** [jeffreyaustin06@gmail.com](mailto:jeffreyaustin06@gmail.com)

**First Ward Laura Helle**  
**Phone:** 507-438-3988  
**Email:** [laura@thehelles.com](mailto:laura@thehelles.com)

**Rebecca Waller**  
**Phone:** 507-398-6682  
**Email:** [beckywaller463@gmail.com](mailto:beckywaller463@gmail.com)

**Second Ward Steve King**  
**Phone:** 507-437-9453  
**Email:** [stevek@co.mower.mn.us](mailto:stevek@co.mower.mn.us)

**Jason Baskin**  
**Phone:** 507-440-1729  
**Email:** [jasonbaskinmn@gmail.com](mailto:jasonbaskinmn@gmail.com)

**Third Ward Paul Fischer**  
**Phone:** 507-438-3155  
**Email:** [paultfischer@yahoo.com](mailto:paultfischer@yahoo.com)

**Joyce Poshusta**  
**Phone:** 507-481-2321  
[jposhusta@gmail.com](mailto:jposhusta@gmail.com)

**Mower County Board of Commissioners Commissioner Jeff Baldus -Chair (Fourth District)**  
**Phone:** 1-507-279-0875

**Commissioner Polly Glynn -Vice-Chair (Second District)**  
**Phone:** 1-507-269-4498

**Commissioner (First District) Currently vacant**

**Commissioner Jerry Reinartz (Third District)**  
**Phone:** 1-507-219-2205

**Commissioner Mike Ankeny (Fifth District)**  
**Phone:** 1-507-433-4157

# Austin Daily Herald

**Publisher: Crystal Miller**, 434-2220  
[crystal.miller@austindailyherald.com](mailto:crystal.miller@austindailyherald.com)

**Obituaries:** 1-866-910-9009  
[obits@austindailyherald.com](mailto:obits@austindailyherald.com)

**Sports: Rocky Hulne**, 434-2234  
[rocky.hulne@austindailyherald.com](mailto:rocky.hulne@austindailyherald.com)

**Advertising: Brenda Landherr**, 434-2226  
[brenda.landherr@austindailyherald.com](mailto:brenda.landherr@austindailyherald.com)

**Newsroom: Eric Johnson**, 434-2237  
[newsroom@austindailyherald.com](mailto:newsroom@austindailyherald.com)

**Classifieds: Michelle Rasmussen**, 434-2235  
[classifieds@austindailyherald.com](mailto:classifieds@austindailyherald.com)

**Public Notices: 433-8851**  
[legals@austindailyherald.com](mailto:legals@austindailyherald.com)

**Circulation: Krista Bell**, 434-2204  
[krista.bell@austindailyherald.com](mailto:krista.bell@austindailyherald.com)

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Email a letter to [newsroom@austindailyherald.com](mailto:newsroom@austindailyherald.com) or mail it to  
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# 50 states, 50 heroes: Protecting the wounded

Born Sept. 1, 1914, in Milwaukee, Wisconsin, Benjamin Lewis Salomon was running a dental practice when he was drafted into the Army in 1940. Initially an enlisted man, Salomon cleaned teeth in the morning and taught infantry tactics in the afternoon. He became an expert rifle and pistol marksman. In 1942, Sgt. Salomon was commissioned as a first lieutenant in the Army Dental Corps. While a member of the 102nd Infantry Regiment, he was declared the unit's "best all-around soldier."

In 1943, Salomon was assigned to the second battalion of the 105th Infantry Regiment, 27th Infantry Division. One year later, he was promoted to captain.

On June 15, 1944, Salomon went ashore on the island of Saipan with the 105th Regiment. Since the opportunity to do dental work was few and far between in a combat zone, Salomon volunteered to fill in for the wounded battalion surgeon.

As the Battle of Saipan progressed, the Americans decimated Japanese forces. By July, approximately 30,000 Japanese soldiers had been killed. In desperation, Japanese Gen. Yoshitsugu Saito gave his men a new order: attack until death.

On July 7, waves of Jap-

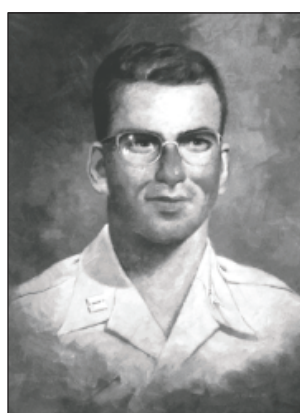


**Mike Stoll**  
Herald reporter

anese soldiers launched their banzai charges against the American position in what would be a 15-hour battle.

Fifty yards away in an aid tent, Salomon was overseeing the care of about 30 men wounded in the beginning of the attack. As Japanese soldiers overran the perimeter, it became increasingly difficult for Salomon to treat the wounded. He shot one Japanese soldier that bayoneted a wounded man lying near the aid tent, then killed two more that came in through the tent's front entrance. Four enemy soldiers then attempted to crawl under the tent walls. Salomon kicked the knife out the hand of one of the soldiers, shot another and bayoneted a third. He then struck the fourth in the stomach before a wounded man shot the enemy soldier.

Knowing the aid station couldn't hold out much longer, Salomon ordered his staff to evacuate the wounded while he covered their retreat. Salomon then rushed out of the tent with his rifle, then took control of a nearby



**Benjamin Lewis Salomon**

machine gun when the four men manning it were killed.

After the Americans drove off the Japanese, Salomon's body was found, riddled with 76 bullet wounds. In front of his position was a pile of 98 dead Japanese soldiers.

Upon discovering Salomon's body, Brig. Gen. Ogden Ross, the assistant commander of the 27th Infantry Division, ordered that eyewitnesses be interviewed so he could prepare a recommendation for the Medal of Honor. Maj. Gen. George Griner, commander of the 27th Infantry Division, rejected the recommendation on the grounds that the Geneva Convention forbade medical officers from bearing arms against the enemy.

Salomon's body was returned home and buried

in Forest Lawn Memorial Park in Glendale, California.

Several more attempts were made to resubmit Salomon's Medal of Honor recommendation. In 1951, Capt. Edmund Love, 27th Infantry Division historian, submitted the recommendation to the Office of the Chief of Military History. It was rejected on the grounds that the time limit to submit World War II award recommendations had passed. A 1969 submission by Army Surgeon General Lt. Gen. Hal Jennings and a 1970 submission by Army Secretary Stanley Resor were also rejected.

In 1998, Dr. Robert West of the USC Dental School (where Salomon received his dental training) contacted Congressman Brad Sherman (D-CA) about re-submitting Salomon's Medal of Honor recommendation. It was approved four years later. On May 1, 2002, President George W. Bush presented Salomon's Medal of Honor to West, who accepted on Salomon's behalf. The medal was then given to Army Dental Corps Chief Maj. Gen. Patrick Sculley for permanent display in the Army Medical Department Museum in San Antonio. A replica is on display at the USC Dental School.

## Holiday hijinks

**Dear Annie:** I'm frustrated with my sister-in-law and the way that she plans the holidays that she hosts or organizes. Generally, what happens is that she will reach out to the family to see what will work for everyone. We'll make any other plans around the agreed-upon plan. Then, closer to the holiday, my sister-in-law will change the plans saying that the new plans work better for her family. Most often the new plans conflict with other plans that we've made.

This year she not only changed the day and time of our family get-together but also decided that it would be held at her house rather than ours.

I don't want to miss seeing the rest of our family since we likely won't go to other holiday events that are being held indoors this year, but I feel like, if we keep accommodating her behavior, it will continue to happen. What's your take on it?

— *Tired of Accommodating*

**Dear Tired of Accommodating:** My take for this year is simple: Don't go to or host indoor gatherings with people outside of your household. As for next year and the years after that, if and when your sister-in-law attempts these last-minute changes, just say no — politely, of course. You can keep it simple: Something like, "We'd like to keep to the time and place that we all agreed to." It's reasonable to ask that everyone stick to the agreed-upon time and place, out of consideration for everyone's schedules. That's the whole point of plans, after all.

**Dear Annie:** My husband of decades has a habit that I don't care for, and I can't seem to make him understand the problem. I have run out of ideas, have asked counselors and anyone I can that might have an answer or suggestion. I am desperate to see whether you or your readers have any ideas.

The issue is this: If he sees anything around and he doesn't recognize it, he throws it away. If you are right there, then you can stop him. Otherwise,



**Annie Lane**  
Dear Annie

you're out of luck. I check the garbage for items regularly.

The last things he tossed out that I didn't catch were my two photo albums from my childhood. My mom, dad and great-grandma worked on those two albums. Needless to say, the albums contained pictures of many individuals who are gone. I can't seem to forgive him and get over it. It's mostly grieving for what I can never see ever again. I thought I'd made him understand that these sentimental items are mine and that he has no right to throw something away without checking with me. Please help... I have tried counseling, both me alone and us together. I have left notes on items from matter-of-fact to rather nasty. I have tried explaining, every day, not to throw my things away. Please tell me how to deal with this problem. I am at my wit's end!

— *Missing My Things*

**Dear Missing:** While not considered its own psychological disorder, compulsive decluttering can be a symptom of obsessive-compulsive disorder. I encourage you to find a 2015 article on The Atlantic website, entitled "The Opposite of Hoarding," and see whether the behavior described reminds you of your husband. Though you've tried therapy yourself and attended couples therapy with him, he may benefit from individual therapy on his own, potentially for the treatment of OCD. If I hear any insights from readers, I'll be sure to print them here.

*"Ask Me Anything: A Year of Advice From Dear Annie" is out now! Annie Lane's debut book — featuring favorite columns on love, friendship, family and etiquette — is available as a paperback and e-book. Visit [www.creatorspublishing.com](http://www.creatorspublishing.com) for more information. Send your questions for Annie Lane to [dearannie@creators.com](mailto:dearannie@creators.com).*

## The joy of a quietly active godmother

As I placed each Nativity set on my fireplace mantel, I thought of the love and care that my Aunt Kathy and Uncle David put into selecting each one of these for me.

My Aunt Kathy is my godmother, and each year I receive a Nativity set from her.

She enjoys telling me about the store that they bought it and why they selected it.

Each set is unusual and beautiful.

Most godmothers, including me, are honored to be asked to be a spiritual role model. We are witnesses to our godchild's baptism, and we try to live a good life, but that's it.

My godmother took on a different approach.

She was a part of my life as I was growing up. When



**Sarah Lysne**  
Herald Columnist

she was in college, she would stop by our house and read books to me and paint my fingernails.

She sang popular pop songs with the Briars group, at what was at that time, Austin Community College. She also played the lead roles in some of the theatre productions at the college.

My family and I loved to go and watch her in the theater or in her singing performances. She was a role model for me. When I entered high school, I was also involved in theatre and After I grew up and

**The Joy of Others**

*Sarah Lysne is asking people send her descriptions of the joy they have in their life. To send your story, email it to [newsroom@austindailyherald.com](mailto:newsroom@austindailyherald.com)*

I'm Sarah's cousin-in-law and her December 5 column really hit home for me. I don't always give thanks for the technology that has allowed me to live a generally-normal life. I'm a type-1 diabetic and have been for almost 56 years. Because of the progress of science, I now have an insulin pump that "talks" with a monitor and keeps my glucose levels to a level approaching normal.

When I read Sarah's comment that it's okay to have ALS, it made me realize how fortunate I am with my diabetes. I need to focus on those joys too!

had a family of my own, she offered support and guidance. She nurtured my spiritual life by giving me a yearly subscription to Guideposts magazine, and a Guideposts devotional book.

How could she have known that this tradition of giving me the devotional books, would bring me

so much comfort in my life with ALS.

Kathy has had her own challenges in life just like all of us, but she has gracefully allowed God to lead her through them. She doesn't talk about her faith, but she lives her faith by being present and active in the lives of those she loves.

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apparent. Many essential workers are Black and Hispanic.

But other experts say people 65 and older should be next, along with people with certain medical conditions. Those are the ones who are dying at the highest rates, they say.

The panel is scheduled to vote on the proposal Sunday.

### POLL RESULTS



**Do you feel comfortable with taking the COVID-19 vaccine?**

Yes	73
No	44
I don't know	20

137 total votes

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908 12th Street SW • Austin, MN  
**507-434-3434**

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"As your newly elected District 27 Senator, I am ready to go to work. I will NEVER forget where I am from and who sent me to St. Paul."

*Merry Christmas from my family to yours!*

**DORNINK**  
MINNESOTA STATE SENATE 27

*Gene Dornink*

Paid for by Dornink for Minnesota State Senate committee, District 27 P.O. Box 342, Hayfield, MN 55940