

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Eighth Congressional District Republican Party of Minnesota

ADDRESS (number and street)

303 Douglas Avenue

Check if different than previously reported. (ACC)

Eveleth

MN

55734

1511

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 3 6 1 4 8 5

3. IS THIS REPORT

X

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

X

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

0 5 0 1 2 0 0 7

through

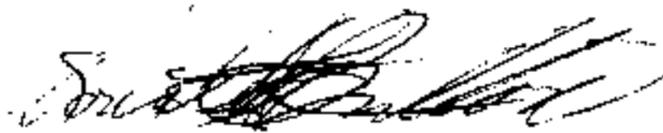
0 5 3 1 2 0 0 7

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

Ronald L. Britton

Signature of Treasurer



Date

0 6 0 8 2 0 0 7

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Eighth Congressional District Republican Party of Minnesota

Report Covering the Period: From: 0 5 0 1 2 0 0 7 To: 0 5 3 1 2 0 0 7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2 0 0 7		1 9 4 2 4 5
(b) Cash on Hand at Beginning of Reporting Period.....	7 4 6 2 7 2	
(c) Total Receipts (from Line 19).....	8 2 2 9 0	9 5 4 3 0 6
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8 2 8 5 6 2	1 1 4 8 5 5 1
7. Total Disbursements (from Line 31).....	1 6 1 7 9 0	4 8 1 7 7 9
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6 6 6 7 7 2	6 6 6 7 7 2
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).....		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Eighth Congressional District Republican Party of Minnesota

Report Covering the Period: From: 0 5 0 1 2 0 0 7 To: 0 5 3 1 2 0 0 7

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).....	8 0 2 9 0	1 3 5 8 0 6
(ii) Unitemized.....	2 0 0 0	5 6 8 5 0 0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8 2 2 9 0	7 0 4 3 0 6
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	8 2 2 9 0	7 0 4 3 0 6
12. Transfers From Affiliated/Other Party Committees.....		2 5 0 0 0 0
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b)) ..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	8 2 2 9 0	9 5 4 3 0 6
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8 2 2 9 0	9 5 4 3 0 6

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share			
(ii) Non-Federal Share.....			
(b) Other Federal Operating Expenditures	1 6 1 7 9 0	4 8 1 7 7 9	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1 6 1 7 9 0	4 8 1 7 7 9	
22. Transfers to Affiliated/Other Party Committees.....			
23. Contributions to Federal Candidates/Committees and Other Political Committees.....			
24. Independent Expenditures (use Schedule E).....			
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....			
26. Loan Repayments Made.....			
27. Loans Made.....			
28. 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 Lines 28(a), (b), and (c)).....			
29. Other Disbursements			
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share			
(ii) "Levin" Share.....			
(b) Federal Election Activity Paid Entirely With Federal Funds			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....			
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1 6 1 7 9 0	4 8 1 7 7 9	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 6 1 7 9 0	4 8 1 7 7 9	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8 2 2 9 0	7 0 4 3 0 6
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8 2 2 9 0	7 0 4 3 0 6
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1 6 1 7 9 0	1 5 1 7 9 0
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1 6 1 7 9 0	1 5 1 7 9 0

270399492011

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
Eighth Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial) A. Britton, Ronald L.			Date of Receipt 0 5 0 2 2 0 0 7
Mailing Address 303 Douglas Avenue			Amount of Each Receipt this Period 8 0 1 5
City Eveleth	State MN	Zip Code 55734	
FEC ID number of contributing federal political committee. C			Contribution In-Kind - envelopes for fundraising
Name of Employer	Occupation retired		
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 3 5 8 0 6		

Full Name (Last, First, Middle Initial) B. Britton, Ronald L.			Date of Receipt 0 5 0 9 2 0 0 7
Mailing Address 303 Douglas Avenue			Amount of Each Receipt this Period 1 6 5 0
City Eveleth	State MN	Zip Code 55734	
FEC ID number of contributing federal political committee. C			Contribution In-Kind - paper - for fundraising
Name of Employer	Occupation retired		
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 3 5 8 0 6		

Full Name (Last, First, Middle Initial) C. Britton, Ronald L.			Date of Receipt 0 5 1 0 2 0 0 7
Mailing Address 303 Douglas Avenue			Amount of Each Receipt this Period 1 6 2 5
City Eveleth	State MN	Zip Code 55734	
FEC ID number of contributing federal political committee. C			Contribution In-Kind - postage - treasurer's expense
Name of Employer	Occupation retired		
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 3 5 8 0 6		

SUBTOTAL of Receipts This Page (optional).....▶	1 1 2 9 0
TOTAL This Period (last page this line number only).....▶	

200704130004

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **2** OF **2**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Eighth Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial) A. Britton, Ronald L.			Date of Receipt 0 5 1 6 2 0 0 7
Mailing Address 303 Douglas Avenue			Amount of Each Receipt this Period 4 1 0 0
City Eveleth	State MN	Zip Code 55734	
FEC ID number of contributing federal political committee. C			Contribution In-Kind - stamps - permanent office supplies
Name of Employer	Occupation retired		
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 3 5 8 0 6		

Full Name (Last, First, Middle Initial) B. Britton, Ronald L.			Date of Receipt 0 5 1 7 2 0 0 7
Mailing Address 303 Douglas Avenue			Amount of Each Receipt this Period 2 9 9 0 0
City Eveleth	State MN	Zip Code 55734	
FEC ID number of contributing federal political committee. C			Contribution In-Kind - Avanquest postal software for fundraising
Name of Employer	Occupation retired		
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 3 5 8 0 6		

Full Name (Last, First, Middle Initial) C. Britton, Ronald L.			Date of Receipt 0 5 1 7 2 0 0 7
Mailing Address 303 Douglas Avenue			Amount of Each Receipt this Period 3 5 0 0 0
City Eveleth	State MN	Zip Code 55734	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation retired		
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 3 5 8 0 6		

SUBTOTAL of Receipts This Page (optional).....▶	6 9 0 0 0
TOTAL This Period (last page this line number only).....▶	8 0 2 9 0

27030942000

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE **1** OF 3

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Eighth Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial) A. Britton, Ronald L.		Date of Disbursement 0 5 0 2 2 0 0 7
Mailing Address 303 Douglas Avenue		Amount of Each Disbursement this Period 8 0 1 5
City Eveleth	State MN	
Zip Code 55734		Category/ Type 0 0 3
Purpose of Disbursement Contribution In-Kind - envelopes for fundraising		
Candidate Name		Amount of Each Disbursement this Period 1 6 5 0
Office Sought: House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State:	District:	Amount of Each Disbursement this Period 1 6 2 5
Full Name (Last, First, Middle Initial) B. Britton, Ronald L.		
Mailing Address 303 Douglas Avenue		Date of Disbursement 0 5 0 9 2 0 0 7
City Eveleth	State MN	Amount of Each Disbursement this Period 1 6 5 0
Zip Code 55734		
Purpose of Disbursement Contribution In-Kind - paper for fundraising		Category/ Type 0 0 3
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Amount of Each Disbursement this Period 1 6 2 5
State:	District:	
Full Name (Last, First, Middle Initial) C. Britton, Ronald L.		Date of Disbursement 0 5 1 0 2 0 0 7
Mailing Address 303 Douglas Avenue		Amount of Each Disbursement this Period 1 6 2 5
City Eveleth	State MN	
Zip Code 55734		Category/ Type 0 0 1
Purpose of Disbursement Contribution In-Kind - postage - treasurer's expense		
Candidate Name		Amount of Each Disbursement this Period 1 6 2 5
Office Sought: House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State:	District:	Amount of Each Disbursement this Period 1 6 2 5
Full Name (Last, First, Middle Initial) SUBTOTAL of Disbursements This Page (optional).....▶		
Full Name (Last, First, Middle Initial) TOTAL This Period (last page this line number only).....▶		1 1 2 9 0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 2 OF 3				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Eighth Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial) A. Britton, Ronald L.			Date of Disbursement 0 5 1 6 2 0 0 7		
Mailing Address 303 Douglas Avenue			Amount of Each Disbursement this Period 4 1 0 0		
City Eveleth	State MN	Zip Code 55734			
Purpose of Disbursement Contribution In-Kind - stamps - permanent office supplies			Category/Type 0 0 1		
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) B. Britton, Ronald L.			Date of Disbursement 0 5 1 7 2 0 0 7		
Mailing Address 303 Douglas Avenue			Amount of Each Disbursement this Period 2 9 9 0 0		
City Eveleth	State MN	Zip Code 55734			
Purpose of Disbursement Contribution In-Kind - Avanquest postal software for fundraising			Category/Type 0 0 3		
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) C. United States Postal Service			Date of Disbursement 0 5 0 8 2 0 0 7		
Mailing Address 231 1st St			Amount of Each Disbursement this Period 3 9 0 0 0		
City Virginia	State MN	Zip Code 55792			
Purpose of Disbursement Stamps for fundraising			Category/Type 0 0 3		
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary <input type="checkbox"/> General Other (specify) ▼				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	7 3 0 0 0
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 3 OF 3				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. United States Postal Service			Date of Disbursement 0 5 2 5 2 0 0 7		
Mailing Address 231 1st St			Amount of Each Disbursement this Period 7 0 0 0 0		
City Virginia	State MN	Zip Code 55792			
Purpose of Disbursement Standard and First Class mailing permits for fundraising		Category/ Type 0 0 3	Amount of Each Disbursement this Period 7 0 0 0 0		
Candidate Name		Office Sought: House Senate President			
State: District:		Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B.			Date of Disbursement		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name		Office Sought: House Senate President			
State: District:		Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name		Office Sought: House Senate President			
State: District:		Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional).....▶	7 0 0 0 0
TOTAL This Period (last page this line number only).....▶	1 5 4 2 9 0

270309952020

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 6/8/07
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 PREPARER
(3/2005)

6/11/07
DATE PREPARED

27039452029