

**FEC  
FORM 3X**

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

RECEIVED

2012 SEP 11 AM 11:38  
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FEC MAIL CENTER

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 00361485

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- 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)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

In the State of

State

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

In the State of

State

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY  
08 / 01 / 2012 through 08 / 31 / 2012

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

MM / DD / YYYY  
09 / 10 / 2012

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

12030883082

**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:

08 / 01 / 2012

To:

08 / 31 / 2012

12030883083

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012	2012	1177135
(b) Cash on Hand at Beginning of Reporting Period.....	1361145	
(c) Total Receipts (from Line 19) .....	32000	2210055
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1393145	3387190
7. Total Disbursements (from Line 31).....	277689	2271734
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1115456	1115456
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:  /  /  To:  /  /

12030883084

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).....		
(ii) Unitemized.....	3 2 0 0 0	2 2 1 0 0 5 5
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....	3 2 0 0 0	2 2 1 0 0 5 5
(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).....	3 2 0 0 0	2 2 1 0 0 5 5
12. Transfers From Affiliated/Other Party Committees.....		
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)).....	3 2 0 0 0	2 2 1 0 0 5 5
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....	3 2 0 0 0	2 2 1 0 0 5 5

**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 .....	7 7 6 8 9	1 5 7 1 7 3 4
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7 7 6 8 9	1 5 7 1 7 3 4
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		5 0 0 0 0 0
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 .....	2 0 0 0 0 0	2 0 0 0 0 0
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))..	2 7 7 6 8 9	2 2 7 1 7 3 4
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2 7 7 6 8 9	2 2 7 1 7 3 4

12030883085

**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) .....	3 2 0 0 0	2 2 1 0 0 5 5
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3 2 0 0 0	2 2 1 0 0 5 5
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	7 7 6 8 9	1 5 7 1 7 3 4
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7 7 6 8 9	1 5 7 1 7 3 4

12030883086

**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 1	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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**

12030883087

A. Full Name (Last, First, Middle Initial) <b>Ronald L Britton</b>		Date of Disbursement MM / DD / YYYY <b>08 / 08 / 2012</b>	
Mailing Address <b>303 Douglas Ave</b>			
City <b>Eveleth</b>	State <b>MN</b>	Zip Code <b>55734</b>	
Purpose of Disbursement <b>reimbursement for August office rent</b>		Amount of Each Disbursement this Period <b>1 5 4 0 8</b>	
Candidate Name		Category/Type <b>0 0 1</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/>		
State:			

B. Full Name (Last, First, Middle Initial) <b>USPS</b>		Date of Disbursement MM / DD / YYYY <b>08 / 16 / 2012</b>	
Mailing Address <b>231 1st St S</b>			
City <b>Virginia</b>	State <b>MN</b>	Zip Code <b>55792</b>	
Purpose of Disbursement <b>Postcard standard mailing</b>		Amount of Each Disbursement this Period <b>3 2 3 2 3</b>	
Candidate Name		Category/Type <b>0 0 1</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/>		
State: District:			

C. Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/>		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	<b>4 7 7 3 1</b>
TOTAL This Period (last page this line number only).....	<b>4 7 7 3 1</b>

**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 2					
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

12030883088

Full Name (Last, First, Middle Initial) <b>A. Robert C Barrett</b>		Date of Disbursement MM/DD/YYYY <b>08 / 17 / 2012</b>	
Mailing Address <b>11950 Mentzer Trl</b>			
City <b>Lindstrom</b>	State <b>MN</b>	Zip Code <b>55045</b>	
Purpose of Disbursement <b>Contribution to State Representative Candidate</b>		Amount of Each Disbursement this Period <b>50000</b>	
Candidate Name		Category/Type <b>011</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>		
State:			

Full Name (Last, First, Middle Initial) <b>B. Brian L. Johnson</b>		Date of Disbursement MM/DD/YYYY <b>08 / 17 / 2012</b>	
Mailing Address <b>31840 Lakeway Dr NE</b>			
City <b>Cambridge</b>	State <b>MN</b>	Zip Code <b>55008</b>	
Purpose of Disbursement <b>Contribution to State Representative Candidate</b>		Amount of Each Disbursement this Period <b>50000</b>	
Candidate Name		Category/Type <b>011</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Dale K. Lueck</b>		Date of Disbursement MM/DD/YYYY <b>08 / 17 / 2012</b>	
Mailing Address <b>37489 295th St</b>			
City <b>Aitkin</b>	State <b>MN</b>	Zip Code <b>56431</b>	
Purpose of Disbursement		Amount of Each Disbursement this Period <b>50000</b>	
Candidate Name		Category/Type <b>011</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	<b>150000</b>
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 2 OF 2
	<input 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 checked="" type="checkbox"/> 29 <input type="checkbox"/> 30b	

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**

12030883089

A. Full Name (Last, First, Middle Initial) <b>Ben Wiener</b>		Date of Disbursement MM / DD / YYYY <b>08 / 17 / 2012</b>
Mailing Address <b>PO Box 189</b>		Amount of Each Disbursement this Period <b>50000</b>
City <b>Finlayson</b>	State <b>MN</b>	
Zip Code <b>55735</b>		
Purpose of Disbursement <b>Contribution to State Representative Candidate</b>		Category/Type <b>011</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	
State:		

B. Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District:		

C. Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<b>150000</b>
TOTAL This Period (last page this line number only).....	<b>200000</b>

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked  
9/10/12

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
PREPARER

9/11/12  
DATE PREPARED

12030883090