

**FEC  
FORM 3X**

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

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC PROCLAMATION  
DIVISION

11 FEB -2 PM 12:12

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CDU-IRPM Republican Party of Minnesota

ADDRESS (number and street) 131425 McKinight Rd N

Check if different than previously reported. (ACC) White Bear Lake MN 55110-5558

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00621185

3. IS THIS REPORT  NEW (N) OR  AMENDED (A) YE

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11)<br><small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12)<br><small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)   |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on MM/DD/YYYY in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM/DD/YYYY in the State of  

5. Covering Period 01/01/2016 through 09/30/2016

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 James B. Carson

Signature of Treasurer James B. Carson Date 09/30/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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NON-IDENTIFICATION INFORMATION

42 C00621185

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Report Covering the Period: From: 

M	M	
0	1	

 / 

D	D	
0	1	

 / 

Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	0	1	6						

 To: 

M	M	
1	2	

 / 

D	D	
3	1	

 / 

Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	0	1	6						

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	2	0	1	6							<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y																																																					
2	0	1	6																																																											
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																								
(c) Total Receipts (from Line 19).....	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																								
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																								
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8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																								
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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

NON-CONFIDENTIAL

1/2 C0062185

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

CD4-RPM Republican Party of Minnesota

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2016

To:

MM / DD / YYYY  
12 / 31 / 2016

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.....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii).....▶

(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).....▶

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)).....▶

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

0

0

8,189.35

8,189.35

0

0

5,000.00

5,000.00

0

0

13,189.50

13,189.50

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

13,189.50

13,189.50

13,189.50

13,189.50

NON-FEDERAL AND LEVIN FUNDS

**DETAILED SUMMARY PAGE**  
of Disbursements

*Year end*      *00062185*

FEC Form 3X (Rev. 05/2016)

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 .....		0.-
(ii) Non-Federal Share .....		0.-
(b) Other Federal Operating Expenditures .....		3,226.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		3,226.18
22. Transfers to Affiliated/Other Party Committees .....		0.-
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		10,000.00
24. Independent Expenditures (use Schedule E) .....		0.-
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....		0.-
26. Loan Repayments Made .....		0.-
27. Loans Made .....		0.-
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		0.-
(b) Political Party Committees .....		0.-
(c) Other Political Committees (such as PACs) .....		0.-
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.-
29. Other Disbursements (Including Non-Federal Donations) .....		0.-
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		0.-
(ii) "Levin" Share .....		0.-
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.-
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		0.-
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		13,226.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		13,226.18

NON-FEDERAL DISBURSEMENTS

C00621185  
year end

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....		13,189.80
34. Total Contribution Refunds (from Line 28(d)) .....		0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		13,189.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		3,226.18
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		3,226.18

NON-CONFIDENTIAL

year end C00621185

**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 OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)  
**CD4-RPM Republican Party of Minnesota**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Republican Party of Minnesota**

Mailing Address  
**2200 East Franklin Av, #201**

City  
**Minneapolis** State  
**MN** Zip Code  
**55404**

FEC ID number of contributing federal political committee.  
**C00001313**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5,000.00**

Date of Receipt

**10 / 26 / 2016**

Amount of Each Receipt this Period

**5,000.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

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

year end C00621185

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<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 type="checkbox"/> 29 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)  
**CD4-RPM Republican Party of Minnesota**

A. Full Name (Last, First, Middle Initial) **C00607846**

Mailing Address **G Ryan for Congress**  
**403 Blair Av**

City **Saint Paul** State **MN** Zip Code **55103**

Purpose of Disbursement **Pre Primary Contribution**

Candidate Name **Greg Ryan** Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **MN** District: **4**

Date of Disbursement **05 / 24 / 2016**

Amount of Each Disbursement this Period **4,000.00**

Memo Item

B. Full Name (Last, First, Middle Initial) **C00607846**

Mailing Address **G Ryan for Congress**  
**403 Blair Av**

City **St. Paul** State **MN** Zip Code **55103**

Purpose of Disbursement **Pre-primary contribution**

Candidate Name **Gregory Ryan** Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **MN** District: **4**

Date of Disbursement **06 / 01 / 2016**

Amount of Each Disbursement this Period **1,000.00**

Memo Item

C. Full Name (Last, First, Middle Initial) **C00607846**

Mailing Address **G Ryan for Congress**  
**403 Blair Av**

City **St. Paul** State **MN** Zip Code **55103**

Purpose of Disbursement **Post primary contribution**

Candidate Name **Gregory Ryan** Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement **11 / 11 / 2016**

Amount of Each Disbursement this Period **5,000.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶

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

NON-CONFIDENTIAL INFORMATION

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

year end 000621185

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27		
	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)  
**CD4-RPM Republican Party of Minnesota**

**A.**

Full Name (Last, First, Middle Initial)  
**Century College**

Mailing Address  
**3300 Century Ave N**

City  
**White Bear Lake** State **Mn** Zip Code **55110**

Purpose of Disbursement  
**Event venue rental**

Candidate Name  
**NA**

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

Date of Disbursement  
**04 / 28 / 2016**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**6,100.00**

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
**Food Shelf at HCMC**

Mailing Address  
**701 Park Ave**

City  
**Minneapolis** State **MN** Zip Code **55415**

Purpose of Disbursement  
**Catering**

Candidate Name  
**Catering**

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

Date of Disbursement  
**05 / 11 / 2016**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**6,000.55**

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
**Food Shelf at HCMC**

Mailing Address  
**701 Park Ave**

City  
**Minneapolis** State **MN** Zip Code **55415**

Purpose of Disbursement  
**Catering**

Candidate Name  
**Catering**

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

Date of Disbursement  
**12 / 07 / 2016**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**6,000.00**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶



000000-00 1 IN 0 IN 0 IN 0 IN 0 IN 0 IN

FIRMLY TO SEAL

FIRMLY TO SEAL

# PRIORITY MAIL ★

DATE OF DELIVERY SPECIFIED\*

USPS TRACKING™ INCLUDED\*

INSURANCE INCLUDED\*

PICKUP AVAILABLE

\* Domestic only

USED INTERNATIONALLY,  
CUSTOMS DECLARATION  
FORM MAY BE REQUIRED.

FROM:

Carson  
3425 McKnight Rd N  
55110 - 5558

TO:

F&E  
999 E. Street  
Washington DC

U.S. POSTAGE  
PAID  
SAINT PAUL, MN  
55117  
JAN 30, 17  
AMOUNT  
**\$6.65**  
R2304H108325-23



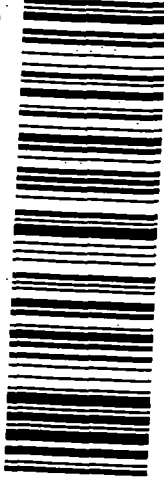
20463



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