

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

4th Congressional District Republican Party of Minnesota

Report Covering the Period:

From:

07 ' 01 ' 2005

To:

12 ' 31 ' 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005		743043
(b) Cash on Hand at Beginning of Reporting Period.....	840076	
(c) Total Receipts (from Line 19).....	680450	1501850
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1520526	2244893
7. Total Disbursements (from Line 31).....	478982	1203349
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1041544	1041544
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

26038991035

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

4th Congressional District Republican Party of Minnesota

Report Covering the Period: From: **07** ' **01** ' **2005** To: **12** ' **31** ' **2005**

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).....		25000
(ii) Unitemized.....	392780	1169180
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	392780	1194180
(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.....	250000	250000
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	37670	57670
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)).....▶	680450	1501850
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	680450	1501850

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DETAILED SUMMARY PAGE
of Disbursements

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	428,982	112,3349
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	428,982	112,3349
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	50000	80000
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)) ..	478,982	120,3349
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	478,982	120,3349

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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)	392780	1194180
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	392780	1194180
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	428982	1123349
37. Offsets to Operating Expenditures (from Line 15, page 3)	37670	57670
38. Net Operating Expenditures (subtract Line 37 from Line 36)	391312	1065679

2503891098

**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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input checked="" type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 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)
4th Congressional District Republican Party of Minnesota

A. Full Name (Last, First, Middle Initial)
Fifth Congressional District Republican Committee

Mailing Address **PO Box 32801**

City **Fridley** State **MN** Zip Code **55432**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
07 / 12 / 2005

Amount of Each Receipt this Period
30000

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt _____ / _____ / _____

Amount of Each Receipt this Period _____

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt _____ / _____ / _____

Amount of Each Receipt this Period _____

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

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

**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 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16
			<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
4th Congressional District Republican Party of Minnesota

A. Full Name (Last, First, Middle Initial)
Republican Party of Minnesota

Mailing Address
525 Park Ste 250

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

FEC ID number of contributing federal political committee.
C 00001313

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000

Date of Receipt
09 / 03 / 2005

Amount of Each Receipt this Period
250000

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee.
C _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
____ / ____ / _____

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee.
C _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
____ / ____ / _____

Amount of Each Receipt this Period

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

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

26038991100

**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 / OF
	<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	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
4th Congressional District Republican Party of Minnesota

A. Golden's

Full Name (Last, First, Middle Initial)

Mailing Address: **2999 Hwy 61 No**

City: **Maplewood** State: **MN** Zip Code: **55109**

Purpose of Disbursement: **Anniversary Dinner Food**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **11 / 18 / 2005**

Amount of Each Disbursement this Period: **155600**

B. Million Impressions

Full Name (Last, First, Middle Initial)

Mailing Address: **2812 Fairview Ave N.**

City: **Roseville** State: **MN** Zip Code: **55113**

Purpose of Disbursement: **Letterhead, Envelopes, Reply Card**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **07 / 30 / 2005**

Amount of Each Disbursement this Period: **124143**

C. Quest

Full Name (Last, First, Middle Initial)

Mailing Address: **Po Box 1301**

City: **Minneapolis** State: **MN** Zip Code: **55438**

Purpose of Disbursement: **Phone**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **07 / 30 / 2005**

Amount of Each Disbursement this Period: **3378**

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

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)

<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)

4th Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial)

A. *Qwest*

Mailing Address

City State Zip Code

Purpose of Disbursement

Phone

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM/DD/YYYY *08/03/2005*

Amount of Each Disbursement this Period

3289

Full Name (Last, First, Middle Initial)

B. *Qwest*

Mailing Address

City State Zip Code

Purpose of Disbursement

Phone

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM/DD/YYYY *09/06/2005*

Amount of Each Disbursement this Period

3310

Full Name (Last, First, Middle Initial)

C. *Qwest*

Mailing Address

City State Zip Code

Purpose of Disbursement

Phone

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM/DD/YYYY *10/26/2005*

Amount of Each Disbursement this Period

3690

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

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

26038961102

**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

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

4th Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial)

A. *Qwest*

Mailing Address

City State Zip Code

Purpose of Disbursement *Phone*

Candidate Name

Category/Type

Date of Disbursement

11 / 15 / 2005

Amount of Each Disbursement this Period

3510

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. *Qwest*

Mailing Address

City State Zip Code

Purpose of Disbursement *Phone*

Candidate Name

Category/Type

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

3504

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. *Roberts Kathie*

Mailing Address *202 Myrtle Place*

City *South St Paul* State *MN* Zip Code *55075*

Purpose of Disbursement *Printer Paper*

Candidate Name

Category/Type

Date of Disbursement

08 / 02 / 2005

Amount of Each Disbursement this Period

6166

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

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

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

2003091103

**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 4 OF
	<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	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
4th Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial) A. <i>Roberts Kathie</i>		Date of Disbursement 08 / 02 / 2005	
Mailing Address		Amount of Each Disbursement this Period 7196	
City	State	Zip Code	Category/Type
Purpose of Disbursement <i>Postage</i>			
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) ▼		State: District:	

Full Name (Last, First, Middle Initial) B. <i>Roberts Kathie</i>		Date of Disbursement 10 / 04 / 2005	
Mailing Address		Amount of Each Disbursement this Period 6000	
City	State	Zip Code	Category/Type
Purpose of Disbursement <i>Postage</i>			
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) ▼		State: District:	

Full Name (Last, First, Middle Initial) C. <i>Roberts, Kathie</i>		Date of Disbursement 11 / 07 / 2005	
Mailing Address		Amount of Each Disbursement this Period 3372	
City	State	Zip Code	Category/Type
Purpose of Disbursement <i>Office Supplies</i>			
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) ▼		State: District:	

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

25038981104

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 28
<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)
4th Congressional District Republican Party of Minnesota

A. *Roberts, Kathie*
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement: *Party Supplies*
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

Date of Disbursement
 11 / 07 / 2005
 Amount of Each Disbursement this Period
 6649

B. *Roberts, Kathie*
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement: *Printer Cartridge*
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

Date of Disbursement
 12 / 28 / 2005
 Amount of Each Disbursement this Period
 13737

C. *Roberts, Kathie*
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement: *Folding Machine*
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

Date of Disbursement
 12 / 28 / 2005
 Amount of Each Disbursement this Period
 70425

SUBTOTAL of Disbursements This Page (optional)
 TOTAL This Period (last page this line number only)

20050929

**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)

<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	<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)
4th Congressional District Republican Party of Minnesota

A. *USPS*

Full Name (Last, First, Middle Initial)

Mailing Address *Main Post Office*

City *St Paul* State *MN* Zip Code *55101*

Purpose of Disbursement *Mail FEC Report*

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement *08 / 01 / 2005*

Amount of Each Disbursement this Period *488*

B. *USPS*

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement *Postage*

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement *10 / 14 / 2005*

Amount of Each Disbursement this Period *22200*

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

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

260339106

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)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<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

SC
 PREPARER

2/8/06
 DATE PREPARED

25038991107