



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Eighth Congressional District Republican Party of Minnesota**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="13264.43"/>	<input type="text" value="13264.43"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="34179.70"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="43620.54"/>	<input type="text" value="135310.61"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="77800.24"/>	<input type="text" value="148575.04"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21303.42"/>	<input type="text" value="92078.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56496.82"/>	<input type="text" value="56496.82"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

Write or Type Committee Name

**Eighth Congressional District Republican Party of Minnesota**

Report Covering the Period: From:  /  /  To:  /  /

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).....	4377.99	88618.06
(ii) Unitemized .....	7571.39	13411.39
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11949.38	102029.45
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	11949.38	102029.45
12. Transfers From Affiliated/Other Party Committees.....	31521.16	32521.16
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	150.00	760.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	43620.54	135310.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	43620.54	135310.61

**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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	21303.42	82084.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	21303.42	82084.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	4994.17
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	4994.17
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21303.42	92078.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21303.42	92078.22

**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) .....	11949.38	102029.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11949.38	102029.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	21303.42	82084.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	150.00	760.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21153.42	81324.05

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

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

FOR LINE NUMBER: PAGE 6 OF 24  
(check only one)

<input checked="" 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
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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. Carla J Bayerl**

Mailing Address 17 Magnolia Dr

City Duluth State MN Zip Code 55810

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

Name of Employer self Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **467.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2014  
**Transaction ID : SA11AI.4851**

Amount of Each Receipt this Period  
**417.00**

In-kind - wine baskets and trinkets and collectables

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

Mailing Address 318 Avenue D

City Cloquet State MN Zip Code 55720

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

Name of Employer self Occupation retail

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **233.09**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2014  
**Transaction ID : SA11AI.4702**

Amount of Each Receipt this Period  
**133.09**

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

Mailing Address 1 Park Place

City Cloquet State MN Zip Code 55720

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

Name of Employer self Occupation retail

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **441.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2014  
**Transaction ID : SA11AI.4707**

Amount of Each Receipt this Period  
**291.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **841.09**

**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 7 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ronald L. Britton**  
Full Name (Last, First, Middle Initial)

Mailing Address 303 Douglas Ave

City State Zip Code  
Eveleth MN 55734

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**745.07**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 06 / 2014**

**Transaction ID : SA11AI.4721**

Amount of Each Receipt this Period  
**400.00**

**B. Ronald L. Britton**  
Full Name (Last, First, Middle Initial)

Mailing Address 303 Douglas Ave

City State Zip Code  
Eveleth MN 55734

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**945.07**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 09 / 2014**

**Transaction ID : SA11AI.4600**

Amount of Each Receipt this Period  
**200.00**

**C. Ronald L. Britton**  
Full Name (Last, First, Middle Initial)

Mailing Address 303 Douglas Ave

City State Zip Code  
Eveleth MN 55734

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1145.07**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 09 / 2014**

**Transaction ID : SA11AI.4722**

Amount of Each Receipt this Period  
**200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>800.00</b>
<b>TOTAL</b> 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 8 OF 24
<input checked="" 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

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

**A. Pat Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4760 London Rd  
City Duluth State MN Zip Code 55804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Orthopedic Associates Occupation Orthopedic surgeon  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **510.00**

Date of Receipt **09 / 20 / 2014**  
**Transaction ID : SA11AI.4699**  
Amount of Each Receipt this Period **375.00**

**B. Mandy Heffron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15181 Game Farm Rd  
City Little Falls State MN Zip Code 56345  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Little Falls Eye Care Center Occupation Receptionist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **245.00**

Date of Receipt **09 / 20 / 2014**  
**Transaction ID : SA11AI.4618**  
Amount of Each Receipt this Period **55.00**

**C. Joe Hollabaugh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4908 Voss Rd  
City Mountain Iron State MN Zip Code 55768  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mining Resources LLC Occupation Supervision  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **480.00**

Date of Receipt **09 / 20 / 2014**  
**Transaction ID : SA11AI.4698**  
Amount of Each Receipt this Period **390.00**

**SUBTOTAL** of Receipts This Page (optional)..... **820.00**  
**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: PAGE 9 OF 24  
(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**

**A. Catherine A Kortesmaki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5231 North Shore Dr  
 City Duluth State MN Zip Code 55804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation Rental  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 258.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2014  
**Transaction ID : SA11AI.4644**  
 Amount of Each Receipt this Period  
 258.00

**B. Justin M Krych**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Erickson Rd  
 City Esko State MN Zip Code 55733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dacotah Paper Co Occupation sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11AI.4736**  
 Amount of Each Receipt this Period  
 300.00

**C. Justin M Krych**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Erickson Rd  
 City Esko State MN Zip Code 55733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dacotah Paper Co Occupation sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 407.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2014  
**Transaction ID : SA11AI.4934**  
 Amount of Each Receipt this Period  
 57.90  
 In-kind - books

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 615.90  
**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: PAGE 10 OF 24  
(check only one)

<input checked="" 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
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NAME OF COMMITTEE (In Full)  
**Eighth Congressional District Republican Party of Minnesota**

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

Mailing Address 975 Trettel LN

City Cloquet	State MN	Zip Code 55720
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FEC ID number of contributing federal political committee. **C**

Name of Employer St Louis County MN	Occupation Heavy equipment operator
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 20 / 2014**

**Transaction ID : SA11AI.4700**

Amount of Each Receipt this Period  
**47.00**

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

Mailing Address 975 Trettel LN

City Cloquet	State MN	Zip Code 55720
-----------------	-------------	-------------------

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

Name of Employer St Louis County MN	Occupation Heavy equipment operator
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 20 / 2014**

**Transaction ID : SA11AI.4717**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Patricia W Mast**

Mailing Address 2329 Federick St

City Duluth	State MN	Zip Code 55803
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FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation homemaker
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 20 / 2014**

**Transaction ID : SA11AI.4643**

Amount of Each Receipt this Period  
**180.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>252.00</b>
<b>TOTAL</b> 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: PAGE 11 OF 24  
(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**

**A. Seth Wellnitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2162 310th St  
 City Mora State MN Zip Code 55051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Command Occupation Regional VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2014  
**Transaction ID : SA11AI.4657**  
 Amount of Each Receipt this Period  
 275.00

**B. Jennifer B Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4279 Birch Valley Rd  
 City Hermantown State MN Zip Code 55811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 824.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2014  
**Transaction ID : SA11AI.4968**  
 Amount of Each Receipt this Period  
 774.00  
 In-kind - books, kithen accessories, decorative dishware

**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  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1049.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4377.99

**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 12 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Bruce R Buxton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1054 Green Gables Rd  
City East Gull Lake State NE Zip Code 56401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Widseth Smith Nolting & Associ Occupation Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2014  
**Transaction ID : SA12.4585**  
Amount of Each Receipt this Period  
400.00  
Lakes Area Victory Fund  
**[MEMO ITEM]**

**B. Stephen J Clough**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5972 Ojibwa Rd  
City Brainerd State MN Zip Code 56401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Minni Kix Inc Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2014  
**Transaction ID : SA12.4588**  
Amount of Each Receipt this Period  
300.00  
Lakes Area Victory Fund  
**[MEMO ITEM]**

**C. David L Copham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11290 Longwater Chase Ct  
City Fort Meyers State FL Zip Code 33908  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2014  
**Transaction ID : SA12.4589**  
Amount of Each Receipt this Period  
5200.00  
Lakes Area Victory Fund  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 13 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kent Cummings**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 24

City Aitkin	State MN	Zip Code 56431
----------------	-------------	-------------------

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

Name of Employer self	Occupation Real estate
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2014

**Transaction ID : SA12.4590**

Amount of Each Receipt this Period  

2600.00
---------

Lakes Area Victory Fund

**[MEMO ITEM]**

**B. John C Eisenpeter**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 176

City Walker	State MN	Zip Code 56484
----------------	-------------	-------------------

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

Name of Employer self	Occupation retired
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2014

**Transaction ID : SA12.4591**

Amount of Each Receipt this Period  

1900.00
---------

Lakes Area Victory Fund

**[MEMO ITEM]**

**C. Trevor Lee Harting**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13246 Timberlane Dr

City Baxter	State MN	Zip Code 56425
----------------	-------------	-------------------

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

Name of Employer self	Occupation retail
--------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2014

**Transaction ID : SA12.4592**

Amount of Each Receipt this Period  

2600.00
---------

Lakes Area Victory Fund

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 14 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Lakes Area Victory Fund**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2470 Daniels Bridge Rd  
Ste 121  
City Athens State GA Zip Code 30606  
FEC ID number of contributing federal political committee. **C** C00566745  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
31521.16

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2014  
**Transaction ID : SA12.4570**  
Amount of Each Receipt this Period  
31521.16

**B. Brian Mark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1820 Berkshire LN N  
City Plymouth State MN Zip Code 55441  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RBC Tile CEO  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2014  
**Transaction ID : SA12.4593**  
Amount of Each Receipt this Period  
1000.00  
Lakes Area Victory Fund  
**[MEMO ITEM]**

**C. Alvin E McQuinn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1551 Gulf Shore Blvd S  
City Naples State FL Zip Code 34102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
self Investment Manager  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2014  
**Transaction ID : SA12.4594**  
Amount of Each Receipt this Period  
5200.00  
Lakes Area Victory Fund  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	31521.16
<b>TOTAL</b> 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 15 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Maris M Mills**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5055

City Brainerd	State MN	Zip Code 56401
------------------	-------------	-------------------

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

Name of Employer Mills Fleet Farm	Occupation Vice President
--------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2014

**Transaction ID : SA12.4595**

Amount of Each Receipt this Period  

5200.00
---------

Lakes Area Victory Fund

**[MEMO ITEM]**

**B. John L Ohlin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5860 Parkwood Ct

City Baxter	State MN	Zip Code 56425
----------------	-------------	-------------------

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

Name of Employer self	Occupation retail
--------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2014

**Transaction ID : SA12.4596**

Amount of Each Receipt this Period  

2600.00
---------

Lakes Area Victory Fund

**[MEMO ITEM]**

**c. Steve M Quisberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1523 Sunset View

City East Gull Lake	State MN	Zip Code 56401
------------------------	-------------	-------------------

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

Name of Employer self	Occupation real estate
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2014

**Transaction ID : SA12.4597**

Amount of Each Receipt this Period  

5200.00
---------

Lakes Area Victory Fund

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 16 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Luke T Spalj**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 517

City Deerwood State MN Zip Code 56444

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

Name of Employer self Occupation investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA12.4598**

Amount of Each Receipt this Period  
 5200.00

Lakes Area Victory Fund

**[MEMO ITEM]**

**B. John V Weber**  
Full Name (Last, First, Middle Initial)

Mailing Address 7701 Ridgecrest Dr

City Alexandria State VA Zip Code 22308

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

Name of Employer self Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA12.4599**

Amount of Each Receipt this Period  
 2600.00

Lakes Area Victory Fund

**[MEMO ITEM]**

**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  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	31521.16

**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

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

Full Name (Last, First, Middle Initial)

**A. Anthony Gagnon Rentals**

Mailing Address 1904 N 51st Ave E

City Duluth State MN Zip Code 55804

Purpose of Disbursement  
Hermantown, MN office rent

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : SB21B.4825

Amount of Each Disbursement this Period

650.00

Full Name (Last, First, Middle Initial)

**B. Carla J Bayerl**

Mailing Address 17 Magnolia Dr

City Duluth State MN Zip Code 55810

Purpose of Disbursement  
In-kind - wine baskets and trinkets and collectables

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2014

Transaction ID : SB21B.4852

Amount of Each Disbursement this Period

417.00

Full Name (Last, First, Middle Initial)

**C. Alexandra Boettcher**

Mailing Address 801 Boulder Dr Apt 112

City Hermantown State MN Zip Code 55811

Purpose of Disbursement  
Reimbursement for office supplies

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2014

Transaction ID : SB21B.4845

Amount of Each Disbursement this Period

98.00

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

1165.00

**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 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)  
**Eighth Congressional District Republican Party of Minnesota**

Full Name (Last, First, Middle Initial)

**A. Ronald L. Britton**

Mailing Address 303 Douglas Ave

City State Zip Code  
Eveleth MN 55734

Purpose of Disbursement  
Reimbursement for Virginia, MN office rent Aug

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4842**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ronald L. Britton**

Mailing Address 303 Douglas Ave

City State Zip Code  
Eveleth MN 55734

Purpose of Disbursement  
Reimbursement for Virginia, MN office rent Sept

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4843**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CenturyLink**

Mailing Address PO Box 2618

City State Zip Code  
Omaha NE 68103

Purpose of Disbursement  
Virginia, MN office phone

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4815**

Amount of Each Disbursement this Period

**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 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)  
**Eighth Congressional District Republican Party of Minnesota**

Full Name (Last, First, Middle Initial)

**A. Click and Pledge**

Mailing Address 12202 Airport Way Suite 100

City Broomfield State CO Zip Code 80021

Purpose of Disbursement  
credit card processing charge

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2014

**Transaction ID : SB21B.4818**

Amount of Each Disbursement this Period

22.00

Full Name (Last, First, Middle Initial)

**B. Connectivist Media**

Mailing Address 544 E Ogdan Ave  
Ste 700-161

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Phones & internet for 4 offices

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : SB21B.4837**

Amount of Each Disbursement this Period

5335.11

Full Name (Last, First, Middle Initial)

**C. Fireside Inn**

Mailing Address 415 Meadow Dr

City McGregor State MN Zip Code 55760

Purpose of Disbursement  
Meeting room

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : SB21B.4820**

Amount of Each Disbursement this Period

50.00

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

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

5407.11

**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

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

Full Name (Last, First, Middle Initial)

**A. John Kolstad Photography**

Mailing Address 6227 John Ave

City Superior State WI Zip Code 54880

Purpose of Disbursement  
Photo shoot setup

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4841**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Main Street Center LLC**

Mailing Address 6448 Main St

City North Branch State MN Zip Code 55056

Purpose of Disbursement  
North Branch, MN office rent

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4826**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paychex of New York LLC**

Mailing Address 1210 Northland Drive  
Suite 100

City Mendota Heights State MN Zip Code 55120

Purpose of Disbursement  
Paychex payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4833**

Amount of Each Disbursement this Period

**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 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)  
**Eighth Congressional District Republican Party of Minnesota**

Full Name (Last, First, Middle Initial)

**A. Paychex of New York LLC**

Mailing Address 1210 Northland Drive  
Suite 100

City Mendota Heights State MN Zip Code 55120

Purpose of Disbursement  
Paychex EIB invoice employee payroll management

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2014

**Transaction ID : SB21B.4829**

Amount of Each Disbursement this Period

85.49

Full Name (Last, First, Middle Initial)

**B. Paychex of New York LLC**

Mailing Address 1210 Northland Drive  
Suite 100

City Mendota Heights State MN Zip Code 55120

Purpose of Disbursement  
Paychex TPS taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2014

**Transaction ID : SB21B.4831**

Amount of Each Disbursement this Period

1000.84

Full Name (Last, First, Middle Initial)

**C. Paychex of New York LLC**

Mailing Address 1210 Northland Drive  
Suite 100

City Mendota Heights State MN Zip Code 55120

Purpose of Disbursement  
Paychex Workmans Compensation premium

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2014

**Transaction ID : SB21B.4835**

Amount of Each Disbursement this Period

27.57

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

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

1113.90

**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

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

Full Name (Last, First, Middle Initial)

**A. Paychex of New York LLC**

Mailing Address 1210 Northland Drive  
Suite 100

City Mendota Heights State MN Zip Code 55120

Purpose of Disbursement  
Paychex payroll

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4834**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paychex of New York LLC**

Mailing Address 1210 Northland Drive  
Suite 100

City Mendota Heights State MN Zip Code 55120

Purpose of Disbursement  
Paychex EIB invoice employee payroll management

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4830**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paychex of New York LLC**

Mailing Address 1210 Northland Drive  
Suite 100

City Mendota Heights State MN Zip Code 55120

Purpose of Disbursement  
Paychex TPS taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4832**

Amount of Each Disbursement this Period

**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 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)  
**Eighth Congressional District Republican Party of Minnesota**

Full Name (Last, First, Middle Initial)

**A. Paychex of New York LLC**

Mailing Address 1210 Northland Drive  
Suite 100

City Mendota Heights State MN Zip Code 55120

Purpose of Disbursement  
Paychex Workmans Compensation premium

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB21B.4836**

Amount of Each Disbursement this Period

31.74

Full Name (Last, First, Middle Initial)

**B. Range Office Supply**

Mailing Address 319 Chestnut St

City Virginia State MN Zip Code 55792

Purpose of Disbursement  
Office supplies plastic easels

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB21B.4817**

Amount of Each Disbursement this Period

21.36

Full Name (Last, First, Middle Initial)

**C. Renee and Adam Niemala**

Mailing Address 2165 Benson Lane

City Grand Rapids State MN Zip Code 55744

Purpose of Disbursement  
Grand Rapids, MN office rent

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

**Transaction ID : SB21B.4824**

Amount of Each Disbursement this Period

760.00

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

813.10

**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 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)  
**Eighth Congressional District Republican Party of Minnesota**

Full Name (Last, First, Middle Initial)

**A. Steven & Ruth Quisberg**

Mailing Address PO Box 2656

City Baxter State MN Zip Code 55804

Purpose of Disbursement  
Baxter, MN office rent

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.4827

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 231 1st St S

City Virginia State MN Zip Code 55792

Purpose of Disbursement  
Postage postcard mailing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.4838

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Jennifer B Wilson**

Mailing Address 4279 Birch Valley Rd

City Hermantown State MN Zip Code 55811

Purpose of Disbursement  
In-kind - books, kitchen accessories, decorative dishware

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.4969

Amount of Each Disbursement this Period

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

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