

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 C00361048 121500 N
 PAUL SIEBENALER
 WINONA COUNTY REPUBLICAN COMMITTEE OF MINNESOTA
 RR 1 BOX 37
 MINNEAPOLIS MN 55910

RECEIVED
 FEC MAIL ROOM
 2001 JAN 24 P 2:02

2. FEC IDENTIFICATION NUMBER

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

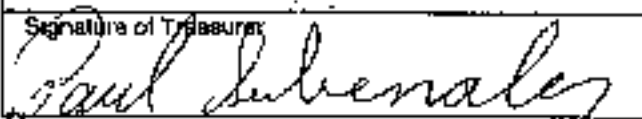
4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____ (Type of Election)
 election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
 on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period 1/1/00 through 12/31/00		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 1/1/00		\$ 4501.68
(b)	Cash on Hand at Beginning of Reporting Period	\$ 1123.45	
(c)	Total Receipts (from Line 19)	\$ 523.87	\$ 22560.46
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 1647.32	\$ 27062.14
7.	Total Disbursements (from Line 30)	\$ 132.00	\$ 25546.82
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1515.32	\$ 1515.32
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 1111 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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
 Paul Siebenaler

Signature of Treasurer


Date
 1/22/01

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

Winona County Republican Committee of Minnesota

REPORT COVERING PERIOD

FROM 1/1/00

TO 12/31/00

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individuals/Persons Other Than Political Committees				
i. Itemized (use Schedule A)			1050.00	11(a)
ii. Unitemized	520.00		11364.00	11(a)(i)
iii. Total (add i and ii) >	520.00		12414.00	11(a)(ii)
b. Political Party Committees			1234.20	11(b)
c. Other Political Committees (such as PACs)				11(c)
d. Total Contributions (add a iii, b and c) >	520.00		13648.20	11(d)
12. Transfers From Affiliated/Other Party Committees			2180.00	12
13. All Loans Received				13
14. Loan Repayments Received				14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			6010.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	3.87		222.26	17
18. Transfers from Nonfederal Account for Joint Activity				18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	523.87		22560.46	19
20. Total Federal Receipts (subtract line 18 from line 19) >	523.87		22560.46	20
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
i. Federal Share			1218.95	21(a)(i)
ii. Non-Federal Share			10572.91	21(a)(ii)
b. Other Federal Operating Expenditures			250.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			12041.86	21(c)
22. Transfers to Affiliated/Other Party Committees			500.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees			5855.59	23
24. Independent Expenditures (use Schedule E)				24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)				25
26. Loan Repayments Made				26
27. Loans Made				27
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees				28(a)
b. Political Party Committees				28(b)
c. Other Political Committees (such as PACs)				28(c)
d. Total Contribution Refunds (add a, b and c) >				28(d)
29. Other Disbursements	132.00		7149.37	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	132.00		25546.82	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			14973.91	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)			13648.20	32
33. Total Contribution Refunds (from line 28d)			0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)			13648.20	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			1468.95	35
36. Offsets to Operating Expenditures (from line 15)			6010.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >			4541.05	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 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 committees.

NAME OF COMMITTEE (in Full)
Winona County Republican Committee of Minnesota

A. Full Name, Mailing Address and ZIP Code Wells Fargo Bank 875 34th Avenue Goodview Winona MN 55987	Name of Employer Occupation	Date (month, day, year) 11/30/00 12/31/00	Amount of Each Receipt this Period 2.55 1.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	3.87

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 9

FOR LINE NUMBER 29

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)

Winona County Republican Committee of Minnesota

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United States Postoffice Main Street Rollingsstone Rollingsstone, MN 55969	postage for fund raising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) fund raising	12/15/00	132.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

132.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11

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)
Winona County Republican Committee of Minnesota

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Unitimized Contributions	Occupation	12/09/00	520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Party contributions			
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	520.00

**METHOD OF ALLOCATION FOR SHARED FEDERAL
AND NON-FEDERAL ADMINISTRATIVE EXPENSES
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE

Winona County Republican Committee of Minnesota

NATIONAL PARTY COMMITTEES

- FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT)** %
- PRESIDENTIAL YEAR (65%)
- ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

- MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT)** %
- OR
- FUNDS EXPENDED:**
- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 - ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
- ADJUSTMENTS TO FUNDS EXPENDED:**
- ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
- ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

- FUNDS EXPENDED:**
- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 - ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
- ADJUSTMENTS TO FUNDS EXPENDED:**
- ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
- ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

	NUMBER OF POINTS
1. PRESIDENT <input checked="" type="checkbox"/> (1 POINT)	1
2. U.S. SENATE <input checked="" type="checkbox"/> (1 POINT)	1
3. U.S. CONGRESS <input checked="" type="checkbox"/> (1 POINT)	1
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)	3
5. GOVERNOR <input type="checkbox"/> (1 POINT)	
6. OTHER STATEWIDE OFFICE(S) <input type="checkbox"/> (1 OR 2 POINTS)	
7. STATE SENATE <input checked="" type="checkbox"/> (1 POINT)	1
8. STATE REPRESENTATIVE <input checked="" type="checkbox"/> (1 POINT)	1
9. LOCAL CANDIDATES <input checked="" type="checkbox"/> (1 OR 2 POINTS)	2
10. EXTRA NON-FEDERAL POINT <input type="checkbox"/> (1 POINT)	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)	4
12. TOTAL POINTS (LINE 4 PLUS LINE 11)	7

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 %

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 J.A.R.	 1/24/01
PREPARER	DATE PREPARED