

**FEC  
FORM 3X**

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

RECEIVED  
2011 DEC -8 PM 1:15

Office Use Only  
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Eighth Congressional District Republican Party of Minnesota

ADDRESS (number and street)

303 Douglas Avenue



Check if different than previously reported. (ACC)

Eveleth

MIN

55734 - 1511

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00361485

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

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

(c)

- 12-Day PRE-Election Report for the:
  - Primary (12P)
  - Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

State

(d)

- 30-Day POST-Election Report for the:
  - General (30G)
  - Runoff (30R)
  - Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

MM / DD / YYYY

through

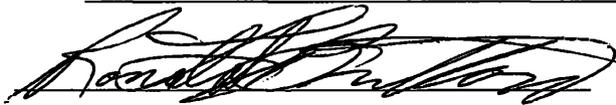
MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ronald L. Britton

Signature of Treasurer



Date

MM / DD / YYYY

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

Office Use Only

FEC FORM 3X  
Rev. 12/2004

11030693188

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Eighth Congressional District Republican Party of Minnesota

Report Covering the Period: From:

/  /

To:

/  /

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value=""/>	<input type="text" value="343910"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1323140"/>	<input type="text" value=""/>
(c) Total Receipts (from Line 19) .....	<input type="text" value="45340"/>	<input type="text" value="3419012"/>
(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="1368480"/>	<input type="text" value="3762922"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="133142"/>	<input type="text" value="2527584"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="1235338"/>	<input type="text" value="1235338"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value=""/>	<input type="text" value=""/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value=""/>	<input type="text" value=""/>



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

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**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
Eighth Congressional District Republican Party of Minnesota

Report Covering the Period: From: 

M	M
1	1

 / 

D	D
0	1

 / 

Y	Y	Y	Y	Y	Y
2	0	1	1		

 To: 

M	M
1	1

 / 

D	D
3	0

 / 

Y	Y	Y	Y	Y	Y
2	0	1	1		

**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)).....▶

3 7 8 0 0

8 4 5 5 5 4

7 5 4 0

2 2 7 7 0 7 6

4 5 3 4 0

3 1 2 2 6 3 0

- (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).....▶

1 0 0 0 0

4 5 3 4 0

3 1 3 2 6 3 0

12. Transfers From Affiliated/Other Party Committees.....

1 0 1 0 7 2

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).....

1 8 5 3 1 0

- (b) Levin Funds (from Schedule H5).....

- (c) Total Transfers (add 18(a) and 18(b))..

1 8 5 3 1 0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

4 5 3 4 0

3 4 1 9 0 1 2

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

4 5 3 4 0

3 2 3 3 7 0 2

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**DETAILED SUMMARY PAGE**  
of Disbursements

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

4 5 3 4 0
4 5 3 4 0
1 3 3 1 4 2
1 3 3 1 4 2

3 1 3 2 6 3 0
3 1 3 2 6 3 0
2 2 6 7 3 7 4
2 2 6 7 3 7 4

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 OF 1	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. Anderson, Dorothy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**23611 County Road 36**  
 City State Zip Code  
**Emily MN 56447-5004**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**Anderson Tax & Accounting Service Inc accountant**  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**2 9 1 0 0**

Date of Receipt  
 MM / DD / YYYY  
**1 1 / 1 6 / 2 0 1 1**  
 Amount of Each Receipt this Period  
**8 8 0 0**

**B. Pundt, David Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**15245 Woodland Beach Ln**  
 City State Zip Code  
**Deerwood MN 56444-8701**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**Broken Road Radio Broadcaster**  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**4 7 0 0 0**

Date of Receipt  
 MM / DD / YYYY  
**1 1 / 2 5 / 2 0 1 1**  
 Amount of Each Receipt this Period  
**2 2 0 0 0**

**C. Wilson, Jennifer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**4279 Birch Valley Rd**  
 City State Zip Code  
**Hermantown MN 55811-3647**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**Homemaker**  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**7 8 6 0 0**

Date of Receipt  
 MM / DD / YYYY  
**1 1 / 0 1 / 2 0 1 1**  
 Amount of Each Receipt this Period  
**7 0 0 0**  
 Contribution in kind for silent auction  
**Patriotic Bookends  
 With "Let's Roll" By Lisa Beamer**

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

**3 7 8 0 0**  
**3 7 8 0 0**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 1			
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. Range Office Supply</b>		Date of Disbursement MM / DD / YYYY <b>11 / 17 / 2011</b>
Mailing Address <b>319 Chestnut St</b>		Amount of Each Disbursement this Period <b>6 2 3 0 4</b>
City <b>Virginia</b>	State <b>MN</b>	
Zip Code <b>55792</b>		Category/Type <b>0 0 1</b>
Purpose of Disbursement <b>Toner cartridges</b>		
Candidate Name		Amount of Each Disbursement this Period <b>6 2 3 0 4</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/Type
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period
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>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/Type
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>6 2 3 0 4</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>6 2 3 0 4</b>

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**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

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

USPS Express Mail Postmarked  
12/7/11

Postmark Illegible

No Postmark

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

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*[Signature]*  
 PREPARER

12/8/11  
 DATE PREPARED

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