

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
7th Congressional District Republican Party of Minnesota

ADDRESS (number and street) 1142 David Dr.
Check if different than previously reported. (ACC) Marshall MN 56258

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00380873 3. IS THIS REPORT NEW (N) OR AMENDED (A) 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 23 / 2020 through 09 / 30 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Sturrock, David, E., ,
Type or Print Name of Treasurer

Signature of Treasurer Sturrock, David, E., , [Electronically Filed] Date 12 / 21 / 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

7th 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="2020"/>	<input type="text" value="1494.00"/>	<input type="text" value="1494.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7405.61"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17195.00"/>	<input type="text" value="29445.00"/>
(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="24600.61"/>	<input type="text" value="30939.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18004.12"/>	<input type="text" value="24342.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6596.49"/>	<input type="text" value="6596.49"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

7th Congressional District Republican Party of Minnesota

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 23 / 2020 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2020

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).....	11964.00	12576.00
(ii) Unitemized	5231.00	12977.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17195.00	25553.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3892.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17195.00	29445.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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).....	0.00	0.00
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)).....▶	17195.00	29445.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17195.00	29445.00

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	169.73	169.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	169.73	169.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	338.39
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
24. Independent Expenditures (use Schedule E)	3416.74	8416.74
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	4252.00	4252.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	4252.00	4252.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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	10165.65	10165.65
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	10165.65	10165.65
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18004.12	24342.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18004.12	24342.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17195.00	29445.00
34. Total Contribution Refunds (from Line 28(d))	4252.00	4252.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12943.00	25193.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	169.73	169.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	169.73	169.73

**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 6 OF 20
<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

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)
7th Congressional District Republican Party of Minnesota

A. Anderson, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 State St. W.
 City Detroit Lakes State MN Zip Code 56501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 28 / 2020
Transaction ID : SA11AI.4219
 Amount of Each Receipt this Period 600.00
 Memo Item
 Purchase of signs

B. Berkenpas, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 21st St.
 City Jasper State MN Zip Code 56144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Farmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 28 / 2020
Transaction ID : SA11AI.4225
 Amount of Each Receipt this Period 240.00
 Memo Item
 Purchase of signs

C. Bishop, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 Fremont Ave.
 City Hutchinson State MN Zip Code 55350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Costco Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 08 / 13 / 2020
Transaction ID : SA11AI.4188
 Amount of Each Receipt this Period 570.00
 Memo Item
 Purchase of signs

SUBTOTAL of Receipts This Page (optional).....	1410.00
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: (check only one)	PAGE 7 OF 20
	<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)
7th Congressional District Republican Party of Minnesota

A. Carlson, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1364 Lisa Lane
 City Balaton State MN Zip Code 56115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1175.00

Date of Receipt 08 / 14 / 2020
Transaction ID : SA11AI.4145
 Amount of Each Receipt this Period 1175.00
 Memo Item
 Purchase of signs

B. Clark, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2513 210th Ave.
 City Marshall State MN Zip Code 56258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Staff member Occupation (for Individual) Marshall School District
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1175.00

Date of Receipt 08 / 18 / 2020
Transaction ID : SA11AI.4217
 Amount of Each Receipt this Period 1175.00
 Memo Item
 Purchase of signs

C. Clark, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2513 210th Ave.
 City Marshall State MN Zip Code 56258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Staff member Occupation (for Individual) Marshall School District
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1525.00

Date of Receipt 09 / 21 / 2020
Transaction ID : SA11AI.4229
 Amount of Each Receipt this Period 350.00
 Memo Item
 Purchase of signs

SUBTOTAL of Receipts This Page (optional).....	2700.00
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: (check only one)	PAGE 8 OF 20
<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)
7th Congressional District Republican Party of Minnesota

A. Hoffer, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1125 40th Ave. NE

City Willmar	State MN	Zip Code 56201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Engineer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2020

Transaction ID : SA11AI.4233

Amount of Each Receipt this Period
1000.00

Memo Item
Donation

B. Knott, Tiffany, Lesmeister, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24126 Laser Ave.

City Redwod Falls	State MN	Zip Code 56283
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Farmer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
564.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2020

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period
564.00

Memo Item
Purchase of signs

C. Knott, Tiffany, Lesmeister, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24126 Laser Ave.

City Redwod Falls	State MN	Zip Code 56283
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Farmer
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1142.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2020

Transaction ID : SA11AI.4207

Amount of Each Receipt this Period
578.00

Memo Item
Purchase of signs

SUBTOTAL of Receipts This Page (optional).....▶	2142.00
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: (check only one)	PAGE 9 OF 20
	<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)
7th Congressional District Republican Party of Minnesota

A. Knott, Tiffany, Lesmeister, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24126 Laser Ave.

City Redwod Falls	State MN	Zip Code 56283
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Farmer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1347.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period
205.00

Memo Item
Purchase of signs

B. Knott, Tiffany, Lesmeister, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24126 Laser Ave.

City Redwod Falls	State MN	Zip Code 56283
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Farmer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1427.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2020

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period
80.00

Memo Item
Purchase of signs

C. Knott, Tiffany, Lesmeister, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24126 Laser Ave.

City Redwod Falls	State MN	Zip Code 56283
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Farmer
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1727.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2020

Transaction ID : SA11AI.4230

Amount of Each Receipt this Period
300.00

Memo Item
Purchase of signs

SUBTOTAL of Receipts This Page (optional).....	585.00
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: (check only one)	PAGE 10 OF 20
<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)
7th Congressional District Republican Party of Minnesota

A. Kyler, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27885 170th Ave.
 City Crookston State MN Zip Code 56716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Prairie Comm. Baptist Church Church worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 13 / 2020
Transaction ID : SA11AI.4196
 Amount of Each Receipt this Period 400.00
 Memo Item
 Purchase of signs

B. Lesmeister, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24672 490th Ave.
 City Morris State MN Zip Code 56267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Farmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.00

Date of Receipt 08 / 26 / 2020
Transaction ID : SA11AI.4227
 Amount of Each Receipt this Period 458.00
 Memo Item
 Purchase of signs

C. Lockner, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 Main St. E.
 City Baudette State MN Zip Code 56623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Retired Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 13 / 2020
Transaction ID : SA11AI.4190
 Amount of Each Receipt this Period 300.00
 Memo Item
 Purchase of signs

SUBTOTAL of Receipts This Page (optional).....	1158.00
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: (check only one)	PAGE 11 OF 20
<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)
7th Congressional District Republican Party of Minnesota

A. Nelson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2501 Conifer Ave.
 City Alexandria State MN Zip Code 56308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 08 / 19 / 2020
Transaction ID : SA11AI.4208
 Amount of Each Receipt this Period 400.00
 Memo Item
 Purchase of signs

B. Niedenthal, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52495 335th St.
 City Grove City State MN Zip Code 56243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt 08 / 20 / 2020
Transaction ID : SA11AI.4210
 Amount of Each Receipt this Period 395.00
 Memo Item
 Purchase of signs

C. Raduenz, Danny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4752 US Highway 212
 City Glencoe State MN Zip Code 55336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Business Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 16 / 2020
Transaction ID : SA11AI.4223
 Amount of Each Receipt this Period 240.00
 Memo Item
 Purchase of signs

SUBTOTAL of Receipts This Page (optional).....	1035.00
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: (check only one)	PAGE 12 OF 20
<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)
7th Congressional District Republican Party of Minnesota

A. Rosendahl, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Wildwood Ave.
 City Madison State MN Zip Code 56256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 08 / 19 / 2020
Transaction ID : SA11AI.4212
 Amount of Each Receipt this Period 532.00
 Memo Item
 Purchase of signs

B. Smith, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1038 60th Ave. SW
 City Montevideo State MN Zip Code 56265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Farmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 17 / 2020
Transaction ID : SA11AI.4215
 Amount of Each Receipt this Period 210.00
 Memo Item
 Purchase of signs

C. Thurn, Daryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20261 385th Ave.
 City Green Isle State MN Zip Code 55338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Engineer Occupation (for Individual) ACIST Medical Systems
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 03 / 2020
Transaction ID : SA11AI.4185
 Amount of Each Receipt this Period 360.00
 Memo Item
 Purchase of signs

SUBTOTAL of Receipts This Page (optional).....	1102.00
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: (check only one)	PAGE 13 OF 20
<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

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)
7th Congressional District Republican Party of Minnesota

A. Thurn, Daryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20261 385th Ave.
 City Green Isle State MN Zip Code 55338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Engineer Occupation (for Individual) ACIST Medical Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 08 / 18 / 2020
Transaction ID : SA11AI.4186
 Amount of Each Receipt this Period 200.00
 Memo Item
 Donation

B. Thurn, Daryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20261 385th Ave.
 City Green Isle State MN Zip Code 55338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Engineer Occupation (for Individual) ACIST Medical Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 09 / 29 / 2020
Transaction ID : SA11AI.4187
 Amount of Each Receipt this Period 100.00
 Memo Item
 Donation

C. Vogel, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 45th St SW
 City Willmar State MN Zip Code 56201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Realtor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 08 / 11 / 2020
Transaction ID : SA11AI.4194
 Amount of Each Receipt this Period 1040.00
 Memo Item
 Purchase of signs

SUBTOTAL of Receipts This Page (optional).....	1340.00
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: (check only one)	PAGE 14 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
7th Congressional District Republican Party of Minnesota

A. Wright, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2316 6th St. S.
 City Moorhead State MN Zip Code 56560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 292.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2020
Transaction ID : SA11AI.4202
 Amount of Each Receipt this Period
 292.00
 Memo Item
 Purchase of signs

B. Wright, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2316 6th St. S.
 City Moorhead State MN Zip Code 56560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 492.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2020
Transaction ID : SA11AI.4231
 Amount of Each Receipt this Period
 200.00
 Memo Item
 Purchase of signs

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	492.00
TOTAL This Period (last page this line number only).....	11964.00

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
7th Congressional District Republican Party of Minnesota

A. Clearwater County Republican Party

Full Name (Last, First, Middle Initial)

Mailing Address 45807 Maplewood Rd.

City Clearbrook State MN Zip Code 56634

Purpose of Disbursement Refund of sign purchase

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 23 / 2020

FEC Identification Number: C

Transaction ID : SB28B.4178

Amount of Each Disbursement this Period: 1440.00

Memo Item

B. Lyon County Republican Party

Full Name (Last, First, Middle Initial)

Mailing Address 2683 County Road 5

City Marshall State MN Zip Code 56258

Purpose of Disbursement Refund of sign purchase

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 23 / 2020

FEC Identification Number: C

Transaction ID : SB28B.4179

Amount of Each Disbursement this Period: 432.00

Memo Item

C. Morrison County Republican Party

Full Name (Last, First, Middle Initial)

Mailing Address 11328 Hillton Rd

City Little Falls State MN Zip Code 56345

Purpose of Disbursement Refund of sign purchase

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 23 / 2020

FEC Identification Number: C

Transaction ID : SB28B.4181

Amount of Each Disbursement this Period: 300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2172.00

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
7th Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial)
A. Pennington County Republican Party

Mailing Address 1900 Pennington Ave

City Thief River Falls State MN Zip Code 56701

Purpose of Disbursement Refund of sign purchase

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 23 / 2020

FEC Identification Number: C

Transaction ID : **SB28B.4180**

Amount of Each Disbursement this Period: 360.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Redwood County Republican Party

Mailing Address 317 Gallas Dr.

City Redwood Falls State MN Zip Code 56283

Purpose of Disbursement Refund for sign purchase

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 23 / 2020

FEC Identification Number: C

Transaction ID : **SB28B.4169**

Amount of Each Disbursement this Period: 860.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Renville County Republican Committee

Mailing Address 74745 410th Ave.

City Bird Island State MN Zip Code 55310

Purpose of Disbursement Refund of sign purchase

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 23 / 2020

FEC Identification Number: C

Transaction ID : **SB28B.4170**

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1720.00

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
7th Congressional District Republican Party of Minnesota

A. Swift County Republican Party

Full Name (Last, First, Middle Initial)

Mailing Address 555 10th St SE

City Benson State MN Zip Code 56215

Purpose of Disbursement Refund of sign purchase

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 23 / 2020

FEC Identification Number: C

Transaction ID : SB28B.4171

Amount of Each Disbursement this Period: 360.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	360.00
TOTAL This Period (last page this line number only).....▶	4252.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
7th Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial)

A. Screen Tech

Mailing Address 2272 3rd St., N.

City N. St. Paul State MN Zip Code 55109

Purpose of Disbursement
Purchase of signs

Candidate Name
Trump, Donald, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 29 / 2020

FEC Identification Number

C
Transaction ID : SB30B.4300
Amount of Each Disbursement this Period
 1685.17

Memo Item

Full Name (Last, First, Middle Initial)

B. Screen Tech

Mailing Address 2272 3rd St., N.

City N. St. Paul State MN Zip Code 55109

Purpose of Disbursement
Purchase of signs

Candidate Name
Trump, Donald, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 22 / 2020

FEC Identification Number

C
Transaction ID : SB30B.4301
Amount of Each Disbursement this Period
 8480.48

Memo Item

Full Name (Last, First, Middle Initial)

C.

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

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

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

10165.65
 10165.65

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) 7th Congressional District Republican Party of Minnesota	FEC IDENTIFICATION NUMBER ▼ C C00380873
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Ballalatak, Annie, , ,	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 20788 451st Ave.	Amount <input type="text"/> 175.00 Transaction ID : SE.4153 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Arlington MN 55307	
Purpose of Expenditure Social media ads Category/Type <input type="text"/>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Fischbach, Michelle, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: MN
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 175.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Ballalatak, Annie, , ,	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 20788 451st Ave.	Amount <input type="text"/> 169.42 Transaction ID : SE.4154 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Arlington MN 55307	
Purpose of Expenditure Social media ads Category/Type <input type="text"/> 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Fischbach, Michelle, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: MN
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 344.42	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 344.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sturrock, David, E.,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) 7th Congressional District Republican Party of Minnesota	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00380873 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Screen Tech	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 2272 3rd St., N.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1982.11 </div>
City N. St. Paul State MN Zip Code 55109	Transaction ID : SE.4163 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 09 / 18 / 2020 </div>
Purpose of Expenditure Purchase of signs Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Lewis, Jason, , , Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 1982.11	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Screen Tech	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 2272 3rd St., N.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1090.21 </div>
City N. St. Paul State MN Zip Code 55109	Transaction ID : SE.4164 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 09 / 18 / 2020 </div>
Purpose of Expenditure Purchase of signs Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Trump, Donald, , , Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought 6090.21	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3072.32 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3416.74 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sturrock, David, E., *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y
12 / 21 / 2020