



**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="9437.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2046.44"/>	<input type="text" value="163283.94"/>
(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="11483.65"/>	<input type="text" value="176548.37"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7060.28"/>	<input type="text" value="172125.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4423.37"/>	<input type="text" value="4423.37"/>
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).....	0.00	88727.97
(ii) Unitemized .....	0.00	13641.39
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	102369.36
(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) .....	0.00	102369.36
12. Transfers From Affiliated/Other Party Committees.....	0.00	58108.14
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).....	2046.44	2806.44
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))..... ▶	2046.44	163283.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2046.44	163283.94

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	7060.28	142152.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7060.28	142152.54
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	24972.46
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	24972.46
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7060.28	172125.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7060.28	172125.00

**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) .....	0.00	102369.36
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	102369.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	7060.28	142152.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2046.44	2806.44
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5013.84	139346.10

**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 10
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**Eighth Congressional District Republican Party of Minnesota**

**A. FLS Connect LLC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7300 Hudson BLVD N STE 270

City Saint Paul	State MN	Zip Code 55128
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FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1058.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : SA15.5176**

Amount of Each Receipt this Period  
1058.08

Return of overpayment for paid get out the vote calls

**B. Main Street Center LLC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6448 Main St

City North Branch	State MN	Zip Code 55056
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FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2014

**Transaction ID : SA15.5175**

Amount of Each Receipt this Period  
800.00

Return of security deposit

**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).....	1858.08
<b>TOTAL</b> This Period (last page this line number only).....	1858.08

**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 302 Chestnut St  
Suite 404

City Virginia State MN Zip Code 55792

Purpose of Disbursement  
Reimbursement for Virginia, MN office rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.5177**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ronald L Britton**

Mailing Address 302 Chestnut St  
Suite 404

City Virginia State MN Zip Code 55792

Purpose of Disbursement  
Reimbursement for office phone Virginia, MN office

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.5185**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Click and Pledge**

Mailing Address 12202 Airport Way Suite 100

City Broomfield State CO Zip Code 80021

Purpose of Disbursement  
Credit card processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.5179**

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. Connectivist Media**

Mailing Address 544 E Ogden Ave  
Ste 700-161

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Phones & internet for Hermantown, MN, Baxter, MN Grand rapids, MN and  
North Branch, MN offices  
Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2014

**Transaction ID : SB21B.5186**

Amount of Each Disbursement this Period

2143.88

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  
Employee payroll  
Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2014

**Transaction ID : SB21B.5183**

Amount of Each Disbursement this Period

3075.15

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  
Service charge for handling payroll  
Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014

**Transaction ID : SB21B.5180**

Amount of Each Disbursement this Period

85.49

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

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

5304.52

**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 Taxes (Soc Security, Medicare-employer and all employee withholding)

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5182**

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 Workmans Comp premium

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5184**

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 Service charge for providing Employee W2 forms

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5181**

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. Range Office Supply**

Mailing Address 319 Chestnut St

City Virginia State MN Zip Code 55792

Purpose of Disbursement  
Box of envelopes

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2014

**Transaction ID : SB21B.5178**

Amount of Each Disbursement this Period

12.60
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Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 231 1st St S

City Virginia State MN Zip Code 55792

Purpose of Disbursement  
Stamps for fundraising

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2014

**Transaction ID : SB21B.5188**

Amount of Each Disbursement this Period

245.00
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Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 231 1st St S

City Virginia State MN Zip Code 55792

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2014

**Transaction ID : SB21B.5187**

Amount of Each Disbursement this Period

15.45
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

273.05
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**TOTAL** This Period (last page this line number only)..... ▶

7060.28
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