

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

1002 OCT 21 A 11:54 Office Use Only

1. NAME OF COMMITTEE (In Full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. 17th Congressional District Republican Party of Minnesota

ADDRESS (number and street) 1504 Birch St SE, Moorhead, MN 56501

2. FEC IDENTIFICATION NUMBER C0390873 CITY STATE ZIP CODE 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for this: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for this: General, Runoff, Special.

5. Covering Period 8/3/2002 through 8/3/2002

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 Randy A. Schatz

Signature of Treasurer [Handwritten Signature] Date 10/14/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §467g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 2X (Revised 1/01)

Page 2

Write or type Committee Name

7th Congressional District Republican Party of Minnesota

Report Covering the Period: From: 01/01/2007 To: 09/30/2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>0000</u>	<u>0000</u>	<u>0000</u>
(b) Cash on Hand at Beginning of Reporting Period <u>0000</u>	<u>0000</u>	
(c) Total Receipts (from Line 19) <u>9599.68</u>	<u>9599.68</u>	<u>9599.68</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) <u>9599.68</u>	<u>9599.68</u>	<u>9599.68</u>
7. Total Disbursements (from Line 30) <u>4770.99</u>	<u>4770.99</u>	<u>4770.99</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) <u>4828.69</u>	<u>4828.69</u>	<u>4828.69</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) <u>0000</u>	<u>0000</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) <u>0000</u>	<u>0000</u>	

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 (Revised 1/01)

Page 8

Write or Type Committee Name

7th Congressional District Republican Party of Minnesota

Report Covering the Period

From:

08 01 2002

To:

09 30 2002

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	
(ii) Unitemized	0.00	
(iii) TOTAL (add	0.00	0.00
Lines 11(a)(i) and (ii)		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)		
(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 32, page 4)		
12. Transfers From Affiliated/Other	9,597.68	9,597.68
Party Committees		
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 36, page 4)	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 Nonfederal		
Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d),	9,597.68	9,597.68
12, 13, 14, 15, 16, 17, and 18)		
20. Total Federal Receipts	9,597.68	9,597.68
(subtract Line 18 from Line 19)		

1103 x 15 33 7 15 00 000014 00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	770.99	770.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	770.99	770.99
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,000.00	4,000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committee (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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	4,770.99	4,770.99
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	4,770.99	4,770.99

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
33. Total Contribution Refunds (from Line 28(c))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	0.00	0.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	770.99	770.99
36. Offset to Operating Expenditures (from Line 35, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	770.99	770.99

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

Use separate schedules for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
<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"/> 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

Full Name (Last, First, Middle Initial)
A. 2nd Congressional District Republican Party of Minnesota

Mailing Address
16830 Cory Rd S1

City
Norwood

State
MN

Zip Code
55368

FEC ID number of contributing federal political committee.
C5

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify) **▼**
Memo - Starting Funds

Aggregate Year-to-Date **▼**
3549.68

Date of Receipt
07/05/2002

Amount of Each Receipt this Period
3549.68

Full Name (Last, First, Middle Initial)
B. Republican Party of Minnesota

Mailing Address
480 Cedar Street - Suite 560

City
St Paul

State
MN

Zip Code
55105

FEC ID number of contributing federal political committee.
C000001313

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify) **▼**
Memo - Starting Funds

Aggregate Year-to-Date **▼**
2500.00

Date of Receipt
07/10/2002

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Traverse County Republican Party of Minnesota

Mailing Address
Rt 2

City
Herman

State
MN

Zip Code
56254

FEC ID number of contributing federal political committee.
C

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify) **▼**
Memo - Starting Funds

Aggregate Year-to-Date **▼**
500.00

Date of Receipt
07/21/2002

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) **6099.68**

TOTAL This Period (load 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 2 OF 2

<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)

17th Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial)

A. Republican Party of Minnesota

Mailing Address

490 Cedar Street - Suite 560

City

St. Paul

State

MINN

Zip Code

55105

Date of Receipt

03/19/2002

Amount of Each Receipt this Period

1500.00

FEC ID number of contributing federal political committee.

C000001313

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Full Name (Last, First, Middle Initial)

B. Redwood County Republican Party of Minnesota

Mailing Address

32321 County Highway 35

City

Redwood Falls

State

MINN

Zip Code

56283

Date of Receipt

07/17/2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Full Name (Last, First, Middle Initial)

C. Rice County Republican Party of Minnesota

Mailing Address

32098 City Rd 19

City

Clamwood

State

MINN

Zip Code

56334

Date of Receipt

09/30/2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3500.00
9597.68

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	OF
	<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"/> 25c

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NAME OF COMMITTEE (in full)
7th Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial)

A. *Hero's @ Bigwood Event Center*

Mailing Address
P.O. Box 438

City State Zip Code
Fergus Falls MN 56534-0438

Purpose of Disbursement
Room rental for organizing convention

Candidate Name

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 checked="" type="checkbox"/> Other (specify) <i>Expense for organizing convention</i>
State:	District:		

Date of Disbursement

2/8/2024

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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:		

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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:		

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) *250.00*

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 Substantive Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 3
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 26	<input type="checkbox"/> 22 <input type="checkbox"/> 27
	<input type="checkbox"/> 23 <input type="checkbox"/> 28a	<input type="checkbox"/> 24 <input type="checkbox"/> 28b
	<input type="checkbox"/> 25 <input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (in full)
7th Congressional District Republican Party of Minnesota

A.

Full Name (Last, First, Middle Initial) *Cygnus Exposition*

Mailing Address *1933 Cresview Dr*

City *New View* State *MINN* Zip Code *56073*

Purpose of Disbursement *Four booth rental fees for Farm Fest 2003*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *2003 Agric Reserve Event*

State: _____ District: _____

Date of Disbursement *07/17/2003*

Amount of Each Disbursement this Period *249.50*

B.

Full Name (Last, First, Middle Initial) _____

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 _____

Amount of Each Disbursement this Period _____

C.

Full Name (Last, First, Middle Initial) _____

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 _____

Amount of Each Disbursement this Period _____

SUBTOTAL of Disbursements This Page (optional) *249.50*

TOTAL This Period (last page this line number only) *499.50*

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" 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"/> 29c	<input type="checkbox"/> 29
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NAME OF COMMITTEE (in full)

7th Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial)

A. Stevens for Congress Committee - C-00370601

Date of Disbursement

10/1/2007

Mailing Address

P.O. Box 577

City

Hutchinson

State

MIN

Zip Code

55350-0577

Amount of Each Disbursement this Period

4,000.00

Purpose of Disbursement

Campaign Contribution

011
Category/Type

Candidate Name

Don Stevens

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: MIN

District: 7

Full Name (Last, First, Middle Initial)

Date of Disbursement

10/1/2007

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

10/1/2007

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)


TOTAL This Period (last page lists line number only)

4,000.00
4,000.00

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10/15/02
<input type="checkbox"/> No Postmark	
<input 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	
 PREPARER	10/21/02 DATE PREPARED

2002 OCT 21 10 15 AM '02