



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*4<sup>th</sup> 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="2008"/>	<input type="text" value=""/>	<input type="text" value="997983"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="852294"/>	<input type="text" value=""/>
(c) Total Receipts (from Line 19) .....	<input type="text" value="1027100"/>	<input type="text" value="1269600"/>
(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="1879394"/>	<input type="text" value="2267583"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="1401546"/>	<input type="text" value="1789735"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="477848"/>	<input type="text" value="477848"/>
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=""/>

28039793592

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. 02/2003)

Page 3

Write or Type Committee Name

*4<sup>th</sup> Congressional District Republican Party of Minnesota*

Report Covering the Period: From: **04** ' **01** ' **2008** To: **06** ' **30** ' **2008**

**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).....

.....

..... **50000**

(ii) Unitemized.....

..... **777100**

..... **969600**

(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶

.....

.....

(b) Political Party Committees.....

..... **250000**

..... **250000**

(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).....▶

..... **1027100**

..... **1269600**

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

.....

.....

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).....

.....

.....

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

.....

.....

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

.....

.....

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

..... **1027100**

..... **1269600**

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

..... **1027100**

..... **1269600**

28039793592

**DETAILED SUMMARY PAGE**  
of Disbursements

28039793594

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 .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	40,154.6	78,973.5
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000,000	1,000,000
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1,401,546	1,789,735
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,401,546	1,789,735

**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) .....	1027100	1269600
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1027100	1269600
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	401536	789735
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	401536	789735

28039793595

**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 / OF	
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input checked="" type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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)  
*4<sup>th</sup> Congressional District Republican Party of Minnesota*

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

Mailing Address  
*525 Park Street Suite 250*

City *St Paul* State *MN* Zip Code *55103*

FEC ID number of contributing federal political committee. *00001313*

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
*06 / 03 / 2008*

Amount of Each Receipt this Period  
*2500.00*

B. 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  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period  
 \_\_\_\_\_

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  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period  
 \_\_\_\_\_

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

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

28039793596

**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 4			
	<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)  
**4<sup>th</sup> Congressional District Republican Party of Minnesota**

A. **Qwest**

Full Name (Last, First, Middle Initial)

Mailing Address  
**PO Box 17360**

City **Denver** State **CO** Zip Code **80217-0360**

Purpose of Disbursement  
**Phone**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**04 / 02 / 2008**

Amount of Each Disbursement this Period  
**3525**

B. **Qwest**

Full Name (Last, First, Middle Initial)

Mailing Address  
**PO Box 17360**

City **Denver** State **CO** Zip Code **80217-0360**

Purpose of Disbursement  
**Phone**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**05 / 06 / 2008**

Amount of Each Disbursement this Period  
**3535**

C. **Qwest**

Full Name (Last, First, Middle Initial)

Mailing Address  
**PO Box 17360**

City **Denver** State **CO** Zip Code **80217-0360**

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**06 / 09 / 2008**

Amount of Each Disbursement this Period  
**3528**

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

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

28039793597

**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 2 OF 4

<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)

4<sup>th</sup> Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial)

A. Ramsey County Fair

Mailing Address

2115 Chambers

City

St Paul

State  
MN

Zip Code

55109

Purpose of Disbursement

Booth Rental

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM/DD/YYYY  
04 / 12 / 2008

Amount of Each Disbursement this Period

367.50

Full Name (Last, First, Middle Initial)

B. Roberts, Kathie

Mailing Address

202 Myrtle Place

City

South St Paul

State  
MN

Zip Code

55075

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM/DD/YYYY  
09 / 21 / 2008

Amount of Each Disbursement this Period

99.05

Full Name (Last, First, Middle Initial)

Memo to previous entry

C. Office Max #462

Mailing Address

1450 Mandala Road

City

Inver Grove Heights

State  
MN

Zip Code

55077

Purpose of Disbursement

Printing

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM/DD/YYYY  
04 / 04 / 2008

Amount of Each Disbursement this Period

99.05

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

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

28039793598



**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

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NAME OF COMMITTEE (In Full)  
**4<sup>th</sup> Congressional District Republican Party of Minnesota**

**A.** Full Name (Last, First, Middle Initial)  
**The South St Paul Hotel and Conference Center**

Mailing Address  
**701 South Concord**

City **St Paul** State **MN** Zip Code **55075**

Purpose of Disbursement  
**Convention Rental**

Candidate Name

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
**04 / 21 / 2008**

Amount of Each Disbursement this Period  
**295397**

**B.** Full Name (Last, First, Middle Initial)  
**The UPS Store**

Mailing Address  
**1769 Lexington Ave N**

City **Roseville** State **MN** Zip Code **55113**

Purpose of Disbursement  
**Mail Box Rental**

Candidate Name

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
**06 / 09 / 2008**

Amount of Each Disbursement this Period  
**30000**

**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

Amount of Each Disbursement this Period

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

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

28039793599

**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 4 OF 4

<input type="checkbox"/> 21b	<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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

4<sup>th</sup> Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial)

**A.** Ed Matthews for Congress

Mailing Address  
2136 Ford Parkway

City St Paul State MN Zip Code 55116

Purpose of Disbursement  
Contribution

Candidate Name  
Ed Matthews

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: MN District: 4

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2008

Amount of Each Disbursement this Period

500000

**B.** Ed Matthews for Congress

Mailing Address  
2136 Ford Parkway

City St Paul State MN Zip Code 55116

Purpose of Disbursement  
Contribution

Candidate Name  
Ed Matthews

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: MN District: 4

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2008

Amount of Each Disbursement this Period

500000

**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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

28039793600

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*ea*

PREPARER  
(3/2005)

7/21/08

DATE PREPARED

28039793601