



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Republican Party of Minnesota

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		37314.25
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	17121.96									
(c) Total Receipts (from Line 19) .....	255886.95	3070894.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	273008.91	3108209.12								
7. Total Disbursements (from Line 31) .....	191933.74	3027133.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	81075.17	81075.17								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	691014.50									

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  
Republican Party of Minnesota

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

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) .....	114929.00	1217499.11
(ii) Unitemized .....	41352.44	1095437.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	156281.44	2312936.61
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	23064.40
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	156281.44	2336001.01
12. Transfers From Affiliated/Other Party Committees .....	75000.00	126900.00
13. All Loans Received .....	0.00	228043.66
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	795.05	12511.12
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	0.72
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	23810.46	367438.36
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	23810.46	367438.36
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	255886.95	3070894.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	232076.49	2703456.51

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.....	8703.11	108134.16
(ii) Non-Federal Share.....	49317.61	612759.04
(b) Other Federal Operating Expenditures.....	46296.75	566862.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	104317.47	1287756.18
22. Transfers to Affiliated/Other Party Committees.....	2500.00	25500.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	3421.78	189686.88
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2900.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	7900.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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 .....	81694.49	1516290.89
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	81694.49	1516290.89
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	191933.74	3027133.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	142616.13	2414374.91

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) .....	156281.44	2336001.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	7900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	156281.44	2328101.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	54999.86	674997.14
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	795.05	12511.12
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	54204.81	662486.02

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

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

FOR LINE NUMBER: PAGE 6 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Erica Austrums  
Mailing Address 7220 Gloucester Dr  
City Edina State MN Zip Code 55435  
FEC ID number of contributing federal political committee. **C**  
Name of Employer information requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 10 / 12 / 2010  
Transaction ID: 01013.C863987  
Amount of Each Receipt this Period 30.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Evelyn Axdahl  
Mailing Address 2209 Payne Ave  
City Maplewood State MN Zip Code 55117-1846  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00  
Date of Receipt 10 / 12 / 2010  
Transaction ID: 01013.C864217  
Amount of Each Receipt this Period 84.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Raymond Barton  
Mailing Address 5915 Christmas Lake Rd  
City Excelsior State MN Zip Code 55331-3306  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Great Clips Occupation Chairman  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 9500.00  
Date of Receipt 10 / 08 / 2010  
Transaction ID: 01008.C863813  
Amount of Each Receipt this Period 7500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 7614.00  
**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 / 121
	<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)  
Republican Party of Minnesota

<b>A.</b>	Full Name (Last, First, Middle Initial) Alec Beck		Date of Receipt
	Mailing Address 611 Lyman PL		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Excelsior	MN	55331
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 01008.C863724
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) Delfin Beltran		Date of Receipt
	Mailing Address 20 2nd St NE unit 2501		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Minneapolis	MN	55413
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 01008.C863763
Name of Employer None		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="30.00"/>
		<input type="text" value="240.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Greg Benedict		Date of Receipt
	Mailing Address 2652 COUNTY ROAD 120 NE		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Alexandria	MN	56308-7920
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 01013.C864473
Name of Employer AMERICAN FOODS GROUP, LLC		Occupation Chief Operating Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10000.00"/>
		<input type="text" value="10000.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="10330.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 121  
(check only one)

<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)  
Republican Party of Minnesota

**A.**

Full Name (Last, First, Middle Initial)  
Sheila Benedict

Mailing Address 2652 COUNTY ROAD 120 NE

City State Zip Code  
Alexandria MN 56308

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

Name of Employer None Occupation **HOMEMAKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2010

**Transaction ID:** 01013.C864474

Amount of Each Receipt this Period  
10000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
John Blank

Mailing Address 1582 Medina Rd

City State Zip Code  
Long Lake MN 55356-9518

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

Name of Employer Provider Services Group Occupation **CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2010

**Transaction ID:** 01008.C863908

Amount of Each Receipt this Period  
150.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Susan Bonhiver

Mailing Address 3132 Florida Ave N

City State Zip Code  
Crystal MN 55427-3026

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

Name of Employer Unity Hosp Occupation **REGISTER NURSE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2010

**Transaction ID:** 01013.C864262

Amount of Each Receipt this Period  
50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10200.00**

**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: PAGE 9 / 121

(check only one)

<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)  
Republican Party of Minnesota

**A.**

Full Name (Last, First, Middle Initial)  
Karen Brown

Mailing Address 215 Woodlawn Ave

City State Zip Code  
Saint Paul MN 55105

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
10 / 07 / 2010

**Transaction ID:** 01008.C863687

Amount of Each Receipt this Period 1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Laura Buckner

Mailing Address 17453 Big Fish Lake Rd

City State Zip Code  
Cold Spring MN 56320

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt MM / DD / YYYY  
10 / 04 / 2010

**Transaction ID:** 01005.C863206

Amount of Each Receipt this Period 50.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Richard Carlander

Mailing Address 220 Brand Ave

City State Zip Code  
Faribault MN 55021-6416

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested  
State Bank BANKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1110.00

Date of Receipt MM / DD / YYYY  
10 / 12 / 2010

**Transaction ID:** 01013.C864089

Amount of Each Receipt this Period 1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 2050.00

**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: PAGE 10 / 121  
(check only one)

<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)  
Republican Party of Minnesota

**A.**

Full Name (Last, First, Middle Initial)  
Lyle Carter

Mailing Address 1502 6th Ave N

City State Zip Code  
Sartell MN 56377-1470

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 04 / 2010  
Transaction ID: 01005.C863317  
Amount of Each Receipt this Period: 25.00  
Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Gabriel Christenson

Mailing Address 1191 Northland Dr Suite 150

City State Zip Code  
Mendota Heights MN 55120

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

Name of Employer Northwestern Mutual Occupation Financial Rep

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 10 / 13 / 2010  
Transaction ID: 01013.C864386  
Amount of Each Receipt this Period: 125.00  
Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Jason Cole

Mailing Address 7600 Lyndale Ave S

City State Zip Code  
Richfield MN 55423-3892

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

Name of Employer DCS Team Inc. Occupation PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 10 / 13 / 2010  
Transaction ID: 01013.C864462  
Amount of Each Receipt this Period: 1000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**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: PAGE 11 / 121  
(check only one)

<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)  
Republican Party of Minnesota

**A.**

Full Name (Last, First, Middle Initial)  
Greg Collins

Mailing Address 1341 Northridge Court

City State Zip Code  
Hastings MN 55033-3475

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

Name of Employer Self Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2010

Transaction ID: 01005.C863368

Amount of Each Receipt this Period  
84.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Helen Coryn

Mailing Address 399 Red Cedar Ct NE

City State Zip Code  
Saint Petersburg FL 33703

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2010

Transaction ID: 01008.C863582

Amount of Each Receipt this Period  
100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Kimberly Crockett

Mailing Address 17900 Shavers Lake Dr

City State Zip Code  
Wayzata MN 55391-3333

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

Name of Employer Tcf Bank Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2010

Transaction ID: 01013.C863978

Amount of Each Receipt this Period  
84.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **268.00**

**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: PAGE 12 / 121  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.**

Full Name (Last, First, Middle Initial)  
Austin Culp

Mailing Address 23833 Canterbury Sands Trl

City State Zip Code  
Battle Lake MN 56515-9100

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: 01013.C864259

Amount of Each Receipt this Period  
100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
William Faulkner

Mailing Address 833 Holly Ave

City State Zip Code  
Saint Paul MN 55104-7137

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: 01013.C863986

Amount of Each Receipt this Period  
42.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Marie Fitzsimmons

Mailing Address 72515 237th St

City State Zip Code  
Dassel MN 55325-3489

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

Name of Employer information requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 01013.C864415

Amount of Each Receipt this Period  
75.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **217.00**

**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: PAGE 13 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Dennis Frandsen  
Mailing Address 47831 River Rd  
City State Zip Code  
Rush City MN 55069-2032  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frandsen Corp Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00  
Date of Receipt 10 / 12 / 2010  
Transaction ID: 01013.C864091  
Amount of Each Receipt this Period 5000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Amalie Frankel  
Mailing Address 2609 Viola Heights Dr NE  
City State Zip Code  
Rochester MN 55906-6954  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Briai Israel Synagogue Occupation Membership & Development  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 840.00  
Date of Receipt 10 / 07 / 2010  
Transaction ID: 01008.C863669  
Amount of Each Receipt this Period 84.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Jacob Grassel  
Mailing Address 12680 Tussock Ct  
City State Zip Code  
Eden Prairie MN 55344-3943  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Howse & Thompson, P.A. Occupation ATTORNEY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00  
Date of Receipt 10 / 06 / 2010  
Transaction ID: 01008.C863586  
Amount of Each Receipt this Period 42.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5126.00  
**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: PAGE 14 / 121

(check only one)

<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)  
Republican Party of Minnesota

**A.**

Full Name (Last, First, Middle Initial)  
Todd Gurstel

Mailing Address 9609 oak ridge trl

City State Zip Code  
Minnetonka MN 55305

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

Name of Employer Occupation  
GURSTEL, STALOCH & CHARGO ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 01008.C863649

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Matthew Haapoja

Mailing Address 10601 Crestridge Dr

City State Zip Code  
Hopkins MN 55305-1613

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

Name of Employer Occupation  
Trimble And Associates Inc ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 372.33

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: 01001.C863041

Amount of Each Receipt this Period

42.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Alta Hale

Mailing Address 105 Claremore Ct

City State Zip Code  
Little Rock AR 72227-3800

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

Name of Employer Occupation  
None RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: 01005.C863450

Amount of Each Receipt this Period

100.00

Receipt

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

1142.00

**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: PAGE 15 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Donald Halla

Mailing Address 6601 Mohawk Trl

City Edina State MN Zip Code 55439-1029

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 12 / 2010  
**Transaction ID:** 01013.C863999  
 Amount of Each Receipt this Period: 50.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Benjamin Harper

Mailing Address 977 Saint Paul Ave

City Saint Paul State MN Zip Code 55116-2055

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt: 10 / 12 / 2010  
**Transaction ID:** 01013.C863989  
 Amount of Each Receipt this Period: 21.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Barry Hicketier

Mailing Address 3301 Lincoln St NE

City Minneapolis State MN Zip Code 55418-1453

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

Name of Employer Capella Education Co. Occupation Data Analyst

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt: 10 / 12 / 2010  
**Transaction ID:** 01013.C863981  
 Amount of Each Receipt this Period: 84.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 155.00

**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: PAGE 16 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Todd Hill

Mailing Address 8924 Willowby Xing

City State Zip Code  
Maple Grove MN 55311-1130

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

Name of Employer Occupation  
Cook Hill Girard & Assoc. LOBBYIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

**Transaction ID:** 01005.C863369

Amount of Each Receipt this Period  
84.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ruth Hinsch

Mailing Address 1125 Kingsley circle S

City State Zip Code  
Mendota Heights MN 55118

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

**Transaction ID:** 01013.C864304

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Robert Hovde

Mailing Address 21220 W Mountain Cove Place

City State Zip Code  
South Haven MN 55382

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

Name of Employer Occupation  
None RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

**Transaction ID:** 01008.C863657

Amount of Each Receipt this Period  
10000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10334.00**

**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: PAGE 17 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Jill Johnson  
Mailing Address 157 76th Way NE  
City State Zip Code  
Fridley MN 55432-3073  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Johnson Consulting Services  
Occupation MANAGER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 274.00  
Date of Receipt: 10 / 08 / 2010  
Transaction ID: 01008.C863892  
Amount of Each Receipt this Period: 84.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Patrick Juenemann  
Mailing Address 10976 Mississippi Dr N  
City State Zip Code  
Champlin MN 55316-3504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Suburban Radiology  
Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt: 10 / 12 / 2010  
Transaction ID: 01013.C863979  
Amount of Each Receipt this Period: 250.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Christopher Kampa  
Mailing Address 22 279th Ave. NE  
City State Zip Code  
Isanti MN 55040-6158  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Insurance Studies Institute  
Occupation STUDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 710.00  
Date of Receipt: 10 / 06 / 2010  
Transaction ID: 01008.C863589  
Amount of Each Receipt this Period: 21.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 355.00  
**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: PAGE 18 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Loyd Kile

Mailing Address 7508 Imperial Dr N

City State Zip Code  
Brooklyn Park MN 55443-3218

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 12 / 2010

Transaction ID: 01013.C864005

Amount of Each Receipt this Period 50.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Roger Krienke

Mailing Address 5696 Highway 7

City State Zip Code  
Lester Prairie MN 55354-6415

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 01 / 2010

Transaction ID: 01001.C863027

Amount of Each Receipt this Period 100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Vernet Larson

Mailing Address 13552 Mayberry Trl N

City State Zip Code  
Marine On Saint Cr MN 55047-9502

FEC ID number of contributing federal political committee. C

Name of Employer Mohawk Moving & Storage Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 04 / 2010

Transaction ID: 01005.C863315

Amount of Each Receipt this Period 5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 5150.00

**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: PAGE 19 / 121  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Donald Lende

Mailing Address 23742 Stony Bar Cir

City State Zip Code  
Pelican Rapids MN 56572-7713

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

Name of Employer Self Occupation Insurance Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2010

Transaction ID: 01013.C863985

Amount of Each Receipt this Period  
30.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Wallace Lind

Mailing Address 10245 Upper 205th St W

City State Zip Code  
Lakeville MN 55044-8899

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

Transaction ID: 01001.C863040

Amount of Each Receipt this Period  
30.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Dolores Lindner

Mailing Address 11503 Lower Gull Lake Ln

City State Zip Code  
Brainerd MN 56401-2019

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

Name of Employer None Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2010

Transaction ID: 01013.C863994

Amount of Each Receipt this Period  
205.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **265.00**

**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: PAGE 20 / 121  
(check only one)

<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)  
Republican Party of Minnesota

**A.**

Full Name (Last, First, Middle Initial)  
Marlyce Logan

Mailing Address 2170 U.S. High-way 75

City State Zip Code  
Pipestone MN 56164

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

Name of Employer None Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 04 / 2010  
Transaction ID: 01005.C863306  
Amount of Each Receipt this Period: 2500.00  
Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Ryan Logan

Mailing Address 4800 Centerville Rd Apt 314

City State Zip Code  
Saint Paul MN 55127-2215

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

Name of Employer None Occupation law student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 12 / 2010  
Transaction ID: 01013.C863983  
Amount of Each Receipt this Period: 21.00  
Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Lowe

Mailing Address 2630 W Lafayette Rd

City State Zip Code  
Excelsior MN 55331-9417

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

Name of Employer Lyman Lumber Company Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 04 / 2010  
Transaction ID: 01005.C863308  
Amount of Each Receipt this Period: 2500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5021.00**

**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: PAGE 21 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Bernie Mackell

Mailing Address 7825 Washington Ave Suite 500

City Edina State MN Zip Code 55439

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

Name of Employer Mactavish School Benefits, Inc Occupation PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2010  
Transaction ID: 01013.C864294  
Amount of Each Receipt this Period 250.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Whittney Macmillan Jr

Mailing Address 8320 Dellwood Rd N

City Mahtomedi State MN Zip Code 55115-2130

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

Name of Employer None Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 04 / 2010  
Transaction ID: 01005.C863307  
Amount of Each Receipt this Period 5000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joseph McErlane

Mailing Address 720 N 4th St Unit 701

City Minneapolis State MN Zip Code 55401-1950

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

Name of Employer NeoPath Health Occupation PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 05 / 2010  
Transaction ID: 01005.C863372  
Amount of Each Receipt this Period 500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5750.00

**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: PAGE 22 / 121  
(check only one)

<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)  
Republican Party of Minnesota

**A.**

Full Name (Last, First, Middle Initial)  
Cory Merrifield

Mailing Address 2142 Groveland Way

City State Zip Code  
Prior Lake MN 55379

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

Name of Employer Comsys Occupation Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 01005.C863171

Amount of Each Receipt this Period  
42.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Aaron Mielke

Mailing Address 9341 Syndicate Ave

City State Zip Code  
Bloomington MN 55420-3607

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

Name of Employer Barr Engineering Company. Occupation Environmental Scientist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 753.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 01013.C864389

Amount of Each Receipt this Period  
378.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Cush Minar

Mailing Address 4660 Weston Woods Way

City State Zip Code  
Saint Paul MN 55127-6339

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 01013.C864307

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1420.00**

**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: PAGE 23 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Joyce Moorhouse  
Mailing Address 2763 310th St  
City Cannon Falls State MN Zip Code 55009-7000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 10 / 13 / 2010  
Transaction ID: 01013.C864402  
Amount of Each Receipt this Period 200.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Truxtun Morrison  
Mailing Address 1525 Hunter Dr  
City Wayzata State MN Zip Code 55391-9661  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00  
Date of Receipt 10 / 12 / 2010  
Transaction ID: 01013.C863977  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
John Mullen  
Mailing Address 1126 Kingsley Cir N  
City Mendota Heights State MN Zip Code 55118-4158  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 12 / 2010  
Transaction ID: 01013.C864096  
Amount of Each Receipt this Period 500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00  
**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: PAGE 24 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Katie Nadeau

Mailing Address 24702 109th Ave N

City State Zip Code  
Rogers MN 55374-5710

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

Name of Employer Occupation  
Minnesota Business partnership Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1680.00

Date of Receipt: 10 / 04 / 2010  
Transaction ID: 01005.C863176  
Amount of Each Receipt this Period: 168.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Marco Naylor

Mailing Address 1139 Atwood Ln

City State Zip Code  
Stillwater MN 55082

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

Name of Employer Occupation  
First American Funds Investments Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 04 / 2010  
Transaction ID: 01005.C863172  
Amount of Each Receipt this Period: 21.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Chad Nelson

Mailing Address 1705 Troy Ln N

City State Zip Code  
Plymouth MN 55447-2547

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

Name of Employer Occupation  
None RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 10 / 13 / 2010  
Transaction ID: 01013.C864396  
Amount of Each Receipt this Period: 75.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 264.00

**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: PAGE 25 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Harry Niska

Mailing Address 5766 162nd Xin NW

City State Zip Code  
Ramsey MN 55303

FEC ID number of contributing federal political committee. C

Name of Employer: Ross Oerstein LLC   Occupation: ATTORNEY

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt MM / DD / YYYY  
10 / 04 / 2010

Transaction ID: 01005.C863175

Amount of Each Receipt this Period 21.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jennifer Niska

Mailing Address 5766 162nd Xing NW

City State Zip Code  
Anoka MN 55303-4882

FEC ID number of contributing federal political committee. C

Name of Employer: Emmer for Governor   Occupation: SECRETARY

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt MM / DD / YYYY  
10 / 04 / 2010

Transaction ID: 01223.C872881

Amount of Each Receipt this Period 21.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joyce Olinger

Mailing Address 55565 County Road 38

City State Zip Code  
Buffalo Lake MN 55314-2074

FEC ID number of contributing federal political committee. C

Name of Employer: Information Requested   Occupation: Information Requested

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt MM / DD / YYYY  
10 / 04 / 2010

Transaction ID: 01005.C863117

Amount of Each Receipt this Period 25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 67.00

**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: PAGE 26 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Bryan Oneil  
Mailing Address 17673 70th PI N  
City State Zip Code  
Maple Grove MN 55311-3028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Hamline Univ. STUDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt: 10 / 12 / 2010  
Transaction ID: 01013.C864012  
Amount of Each Receipt this Period: 50.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Clifford Otten  
Mailing Address P.O. Box 249  
City State Zip Code  
Long Lake MN 55356  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Otten Brothers Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt: 10 / 08 / 2010  
Transaction ID: 01008.C863894  
Amount of Each Receipt this Period: 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Gregory Page  
Mailing Address 512 Harrington Rd  
City State Zip Code  
Wayzata MN 55391-1513  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Cargill CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3500.00  
Date of Receipt: 10 / 12 / 2010  
Transaction ID: 01013.C864084  
Amount of Each Receipt this Period: 1500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2550.00  
**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 27 / 121
	<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	

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)  
Republican Party of Minnesota

<b>A.</b>	Full Name (Last, First, Middle Initial) Deanna Painovich		Date of Receipt
	Mailing Address 6080 39th St NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Williams	MN	56686
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 01013.C864421
Name of Employer None		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	<input type="text"/> 50.00
Receipt			

<b>B.</b>	Full Name (Last, First, Middle Initial) Andrew Parker		Date of Receipt
	Mailing Address 300 1st Ave N Ste 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Minneapolis	MN	55401-1645
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 01008.C863661
Name of Employer Parker Rosen llc		Occupation ATTORNEY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	<input type="text"/> 500.00
Receipt			

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeno Paulucci		Date of Receipt
	Mailing Address 525 Lake Ave Suite 202		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Duluth	MN	55802
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 01013.C864471
Name of Employer Luiginos		Occupation PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	<input type="text"/> 2000.00
Receipt			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2550.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Lois Paulucci

Mailing Address 201 W 1st St

City Sanford State FL Zip Code 32771

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 10 / 13 / 2010  
**Transaction ID:** 01013.C864472  
 Amount of Each Receipt this Period: 2000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Brian Pergament

Mailing Address 208 Western Ave N

City Saint Paul State MN Zip Code 55102

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

Name of Employer PERGOLA MANAGEMENT LLC Occupation PRESIDENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 06 / 2010  
**Transaction ID:** 01008.C863654  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Helen Peterson

Mailing Address 509 Missouri St

City San Francisco State CA Zip Code 94107-2836

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 01 / 2010  
**Transaction ID:** 01005.C863075  
 Amount of Each Receipt this Period: 100.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3100.00

**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 29 / 121
	<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)  
Republican Party of Minnesota

**A.**

Full Name (Last, First, Middle Initial)  
Scott Powell

Mailing Address 18381 N Diamond Lake Rd

City State Zip Code  
Dayton MN 55327-9304

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

Name of Employer Elk River Ford-Dodge-Jeep Occupation Auto Dealer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 07 / 2010

Transaction ID: 01008.C863666

Amount of Each Receipt this Period: 5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Bradley Quinn

Mailing Address 6025 Burlwood Ct

City State Zip Code  
Excelsior MN 55331-8801

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

Name of Employer REINSURANCE SERVICE Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 12 / 2010

Transaction ID: 01013.C864263

Amount of Each Receipt this Period: 250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Matthew Richmann

Mailing Address 233 Walker Ave N

City State Zip Code  
Wayzata MN 55391-1047

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 06 / 2010

Transaction ID: 01008.C863588

Amount of Each Receipt this Period: 21.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5271.00**

**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: PAGE 30 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Lucas Riedi

Mailing Address 3824 48th Ave S

City State Zip Code  
Minneapolis MN 55406-3608

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

Name of Employer Occupation  
Hb Fuller IT ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2010

Transaction ID: 01013.C863980

Amount of Each Receipt this Period  
42.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
James Ronning

Mailing Address 16480 Ringer Rd

City State Zip Code  
Wayzata MN 55391

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

Name of Employer Occupation  
Old Slocum Tree Farm Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2010

Transaction ID: 01005.C863370

Amount of Each Receipt this Period  
30.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Dan Rosen

Mailing Address 11141 Mill Run

City State Zip Code  
Minnetonka MN 55305-3052

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

Name of Employer Occupation  
Rosen & Rosen L.L.C. Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2010

Transaction ID: 01008.C863659

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **572.00**

**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: PAGE 31 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Jennifer Sarteau  
 Mailing Address 2231 West 21st Minneapolis  
 City State Zip Code  
 Minneapolis MN 55405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00  
 Date of Receipt: 10 / 12 / 2010  
**Transaction ID:** 01013.C864296  
 Amount of Each Receipt this Period: 3000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Hugh Schilling  
 Mailing Address 354 Woodlawn Ave  
 City State Zip Code  
 Saint Paul MN 55105-1240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horton Holding Occupation **CEO**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00  
 Date of Receipt: 10 / 04 / 2010  
**Transaction ID:** 01005.C863309  
 Amount of Each Receipt this Period: 10000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Kati Schoenbauer  
 Mailing Address 4768 Heights Dr  
 City State Zip Code  
 Columbia Heights MN 55421-3353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00  
 Date of Receipt: 10 / 12 / 2010  
**Transaction ID:** 01013.C864007  
 Amount of Each Receipt this Period: 75.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 13075.00  
**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 32 / 121
	<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)  
Republican Party of Minnesota

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Schulze		Date of Receipt
	Mailing Address 8500 Normandale Lake Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Minneapolis	MN	55437-3813
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 01013.C864083
Name of Employer Best Buy		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) Lyll Schwarzkopf		Date of Receipt
	Mailing Address 4840 Bloomington Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Minneapolis	MN	55417-1136
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 01001.C863020
Name of Employer None		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan Smith		Date of Receipt
	Mailing Address 600 62nd Ave N		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Brooklyn Center	MN	55430-2207
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 01008.C863590
Name of Employer Self		Occupation ATTORNEY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 84.00
			Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 5334.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 121

(check only one)

<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)  
Republican Party of Minnesota

**A.**

Full Name (Last, First, Middle Initial)  
Richard Sorkin

Mailing Address 11916 Ledgerock Ct

City State Zip Code  
Potomac MD 20854-2155

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

Name of Employer Occupation  
None RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 1 0

Transaction ID: 01008.C863945

Amount of Each Receipt this Period

50.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Charles Spevacek

Mailing Address 33 S 6th St Ste 4400

City State Zip Code  
Minneapolis MN 55402-3722

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

Name of Employer Occupation  
Meagher & Geer ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 01008.C863648

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Daniel Spiegel

Mailing Address PO Box 398078

City State Zip Code  
Edina MN 55439

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

Name of Employer Occupation  
Self ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: 01008.C863762

Amount of Each Receipt this Period

1000.00

Receipt

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

2050.00

**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: PAGE 34 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
David Stiles

Mailing Address 9817 101st PI N

City State Zip Code  
Maple Grove MN 55369-3556

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

Name of Employer Occupation  
Medtronic Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.26

Date of Receipt: 10 / 12 / 2010  
Transaction ID: 01013.C864251  
Amount of Each Receipt this Period: 30.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ada Strassenburgh

Mailing Address PO Box 608

City State Zip Code  
Ocean View NJ 08230-0608

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

Name of Employer Occupation  
None RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 07 / 2010  
Transaction ID: 01008.C863690  
Amount of Each Receipt this Period: 100.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Todd Striker

Mailing Address 7900 Hwy 7

City State Zip Code  
Minneapolis MN 55426

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

Name of Employer Occupation  
Fourscore Resource Capital Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 06 / 2010  
Transaction ID: 01008.C863663  
Amount of Each Receipt this Period: 500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **630.00**

**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: PAGE 35 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Robert Strom

Mailing Address 1909 Deer Hill Dr

City State Zip Code  
Wayzata MN 55391

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

Name of Employer Occupation  
OTP, Inc. EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 10 / 05 / 2010  
Transaction ID: 01006.C863516  
Amount of Each Receipt this Period: 220.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Wayne Tieman

Mailing Address PO Box 13

City State Zip Code  
Bemidji MN 56619-0013

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 06 / 2010  
Transaction ID: 01008.C863643  
Amount of Each Receipt this Period: 100.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ronald Trok

Mailing Address PO Box 50718

City State Zip Code  
Saint Paul MN 55150-0718

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

Name of Employer Occupation  
None RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: 10 / 04 / 2010  
Transaction ID: 01005.C863362  
Amount of Each Receipt this Period: 84.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **404.00**

**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 36 / 121
	<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)  
Republican Party of Minnesota

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey Vankeulen	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 7440 Inland Ln N	Transaction ID: 01008.C863747
	City State Zip Code Maple Grove MN 55311-3955	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Nationwide Financial	Occupation Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara Voigt	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 10231 County Road 1 SE	Transaction ID: 01005.C863371
	City State Zip Code Stewartville MN 55976-8050	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer None	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd Vollmers	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 2461 Wildwood Dr	Transaction ID: 01013.C864388
	City State Zip Code Shakopee MN 55379-8504	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Self	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	273.00
<b>TOTAL</b> 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: PAGE 37 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Adam Weigold  
Mailing Address 3923 Chicago Ave S Apt 3  
City Minneapolis State MN Zip Code 55407  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vital Images, INc Occupation System Design Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 357.00  
Date of Receipt 10 / 06 / 2010  
Transaction ID: 01008.C863591  
Amount of Each Receipt this Period 42.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jane Williams  
Mailing Address 2294 Morgan Ave N  
City Stillwater State MN Zip Code 55082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 10 / 08 / 2010  
Transaction ID: 01008.C863890  
Amount of Each Receipt this Period 5000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
James Wilson  
Mailing Address 220 Wexford Heights Dr  
City New Brighton State MN Zip Code 55112-3144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Labor All Personel Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 10 / 12 / 2010  
Transaction ID: 01013.C864098  
Amount of Each Receipt this Period 5000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10042.00  
**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: PAGE 38 / 121  
(check only one)

<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)  
Republican Party of Minnesota

A.

Full Name (Last, First, Middle Initial)  
David Wischmeier

Mailing Address 2700 mckinley st ne

City State Zip Code  
Minneapolis MN 55418

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

Name of Employer Occupation  
The Brehm Group ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 01008.C863647

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	114929.00

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

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

FOR LINE NUMBER: PAGE 39 / 121  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Kline For Congress  
Mailing Address 101 W Burnsville Pkwy Ste 104  
City Burnsville State MN Zip Code 55337-2571  
FEC ID number of contributing federal political committee. **C** C00326629  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 37000.00  
Date of Receipt 10 / 05 / 2010  
Transaction ID: 00830.C859467  
Amount of Each Receipt this Period 25000.00  
Transfers From Affil./Auth.

**B.** Full Name (Last, First, Middle Initial)  
Bachmann for Congress  
Mailing Address PO Box 25950  
City Woodbury State MN Zip Code 55125-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50000.00  
Date of Receipt 10 / 13 / 2010  
Transaction ID: 01013.C864303  
Amount of Each Receipt this Period 50000.00  
Transfers From Affil./Auth.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75000.00  
**TOTAL** This Period (last page this line number only) ..... ► 75000.00

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

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

FOR LINE NUMBER: PAGE 40 / 121  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A.** Full Name (Last, First, Middle Initial)  
Darren Bearson  
Mailing Address 3930 Yellowstone Ln N  
City Plymouth State MN Zip Code 55446-2818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3511.01  
Date of Receipt 10 / 07 / 2010  
Transaction ID: 01008.C863808  
Amount of Each Receipt this Period 286.71  
Offsets to Operating Expenditure  
Note: Cobra Payment

**B.** Full Name (Last, First, Middle Initial)  
Edward Lief  
Mailing Address 5949 HAWTHORNE RD  
City Mound State MN Zip Code 55364-8527  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1508.11  
Date of Receipt 10 / 07 / 2010  
Transaction ID: 01008.C863805  
Amount of Each Receipt this Period 211.97  
Offsets to Operating Expenditure

**C.** Full Name (Last, First, Middle Initial)  
Paychex  
Mailing Address 1210 Northland Dr Ste 100  
City Saint Paul State MN Zip Code 55120-1181  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 881.50  
Date of Receipt 10 / 12 / 2010  
Transaction ID: 01223.C872880  
Amount of Each Receipt this Period 213.02  
Offsets to Operating Expenditure  
NOTE: Paychex Refund for Ryan

**SUBTOTAL** of Receipts This Page (optional) ..... ► 711.70  
**TOTAL** This Period (last page this line number only) ..... ► 711.70

**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)  
Republican Party of Minnesota

A.	Full Name (Last, First, Middle Initial) Alliance Bank	Transaction ID: 01019.E33920 Date of Disbursement 10 / 04 / 2010
	Mailing Address 444 Cedar St	Amount of Each Disbursement this Period 30.00
	City Saint Paul State MN Zip Code 55101-2179	
	Purpose of Disbursement BANK SERVICE FEES	BANK SERVICE FEES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Baja Sol	Transaction ID: 01020.E34023 Date of Disbursement 10 / 07 / 2010
	Mailing Address 2922 Upper 55th St	Amount of Each Disbursement this Period 251.60
	City Inver Grove Height State MN Zip Code 55076-1673	
	Purpose of Disbursement Office Rent	OFFICE RENT
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Comcast	Transaction ID: 01019.E33904 Date of Disbursement 10 / 12 / 2010
	Mailing Address PO Box 3002	Amount of Each Disbursement this Period 602.47
	City Southeastern State PA Zip Code 19398-3002	
	Purpose of Disbursement On-line Service	ON-LINE SERVICE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>884.07</b>
<b>TOTAL</b> 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)

PAGE 42 / 121

<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

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)  
Republican Party of Minnesota

A.	Full Name (Last, First, Middle Initial) Comcast	Transaction ID: 01209.E34798 Date of Disbursement 10 / 12 / 2010
	Mailing Address PO Box 3002	Amount of Each Disbursement this Period 147.49
	City Southeastern State PA Zip Code 19398-3002	
	Purpose of Disbursement On-line Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ON-LINE SERVICE

B.	Full Name (Last, First, Middle Initial) Comcast	Transaction ID: 01020.E34026 Date of Disbursement 10 / 12 / 2010
	Mailing Address PO Box 3002	Amount of Each Disbursement this Period 154.89
	City Southeastern State PA Zip Code 19398-3002	
	Purpose of Disbursement On-line Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ON-LINE SERVICE

C.	Full Name (Last, First, Middle Initial) Sams Club	Transaction ID: 01019.E33930 Date of Disbursement 10 / 04 / 2010
	Mailing Address 3035 Denmark Ave	Amount of Each Disbursement this Period 1122.70
	City Eagan State MN Zip Code 55121-	
	Purpose of Disbursement Party Cell Phones Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PARTY CELL PHONES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1425.08
<b>TOTAL</b> 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)

PAGE 43 / 121

<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

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)  
Republican Party of Minnesota

A.

Full Name (Last, First, Middle Initial)  
Sams Club

Mailing Address 3035 Denmark Ave

City Eagan State MN Zip Code 55121-

Purpose of Disbursement  
Party Cell Phones

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 01019.E33931  
Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

3856.50

PARTY CELL PHONES

B.

Full Name (Last, First, Middle Initial)  
Pinnacle Direct, Inc.

Mailing Address 15260 113th Street North

City Stillwater State MN Zip Code 55082-

Purpose of Disbursement  
Party Fundraising Mail/Non-Candidat

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 01019.E33915  
Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

2222.88

PARTY FUNDRAISING MAIL/NO-N-CANDIDAT

C.

Full Name (Last, First, Middle Initial)  
Siemens Enterprise Communications

Mailing Address 1001 NW 51st St

City Boca Raton State FL Zip Code 33431-4403

Purpose of Disbursement  
Yearly Maintenance Fee for Dialer

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 01019.E33923  
Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

11721.20

YEARLY MAINTENANCE FEE FOR DIALER

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

17800.58

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

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)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) New Flight Charters Mailing Address 525 Ponderosa Drive, #A-4 City Jackson State WY Zip Code 83001- Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01019.E33926 Date of Disbursement 10 / 04 / 2010 Amount of Each Disbursement this Period 3473.84 AIRFARE
	Category/Type	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) William Hastreiter Mailing Address 680 Stewart Ave City Saint Paul State MN Zip Code 55102- Purpose of Disbursement Reimburse for Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01019.E33898 Date of Disbursement 10 / 07 / 2010 Amount of Each Disbursement this Period 32.56 REIMBURSE FOR MILEAGE
	Category/Type	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) William Hastreiter Mailing Address 680 Stewart Ave City Saint Paul State MN Zip Code 55102- Purpose of Disbursement Reimburse for Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01020.E34025 Date of Disbursement 10 / 12 / 2010 Amount of Each Disbursement this Period 68.45 REIMBURSE FOR MILEAGE
	Category/Type	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3574.85
<b>TOTAL</b> 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)

PAGE 45 / 121

<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

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)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Minneapolis Hilton</p> <p>Mailing Address 1101 Marquette</p> <p>City Minneapolis State MN Zip Code 55403-</p> <p>Purpose of Disbursement Food &amp; Beverages-Non-Candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01019.E33896 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 4184.61</p> <p><b>FOOD &amp; BEVERAGES-NON-CANDIDATE</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lance Lindstrom</p> <p>Mailing Address 14772 Barton Ave NW</p> <p>City Monticello State MN Zip Code 55362-6236</p> <p>Purpose of Disbursement Political Operating Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01019.E33916 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 461.56</p> <p><b>POLITICAL OPERATING CONSULTING</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Election Mall Technology</p> <p>Mailing Address 1101 Pennsylvania Ave NW 6th Fl</p> <p>City Washington State DC Zip Code 20004-</p> <p>Purpose of Disbursement Online Contribution Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01115.E34264 <b>Date of Disbursement</b> 10 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 596.56</p> <p><b>ONLINE CONTRIBUTION FEES</b></p>

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

5242.73

**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)  
Republican Party of Minnesota

A.	Full Name (Last, First, Middle Initial) Election Mall Technology	Transaction ID: 01223.E34958 Date of Disbursement
	Mailing Address 1101 Pennsylvania Ave NW 6th Fl	<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20004-	Amount of Each Disbursement this Period
	Purpose of Disbursement Online Contribution Fees	<input type="text" value="3780.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ONLINE CONTRIBUTION FEES

B.	Full Name (Last, First, Middle Initial) Election Mall Technology	Transaction ID: 01019.E33899 Date of Disbursement
	Mailing Address 1101 Pennsylvania Ave NW 6th Fl	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20004-	Amount of Each Disbursement this Period
	Purpose of Disbursement Online Contribution Fees	<input type="text" value="510.17"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ONLINE CONTRIBUTION FEES

C.	Full Name (Last, First, Middle Initial) Paul Thomas Modeen	Transaction ID: 01019.E33917 Date of Disbursement
	Mailing Address 6500 Nathan Road	<input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Carver State MN Zip Code 55315-	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Operating Consulting	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLITICAL OPERATING CONSUL- TLING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6290.17"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rick Busch Photographics</p> <p>Mailing Address 7401 Nicollet Ave</p> <p>City Richfield State MN Zip Code 55423-</p> <p>Purpose of Disbursement Event Photography</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01019.E33911 <b>Date of Disbursement</b> 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 279.99</p> <p>Category/Type EVENT PHOTOGRAPHY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) US Post Office</p> <p>Mailing Address 401 Kellogg Blvd E</p> <p>City Saint Paul State MN Zip Code 55101-</p> <p>Purpose of Disbursement Party Fundraising Postage/ Non-FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01019.E33929 <b>Date of Disbursement</b> 10 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Category/Type PARTY FUNDRAISING POSTAGE/ NON-FEA</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) US Post Office</p> <p>Mailing Address 401 Kellogg Blvd E</p> <p>City Saint Paul State MN Zip Code 55101-</p> <p>Purpose of Disbursement Party Fundraising Postage/ Non-FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01019.E33903 <b>Date of Disbursement</b> 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Category/Type PARTY FUNDRAISING POSTAGE/ NON-FEA</p>

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

1279.99

**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)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) US Post Office Mailing Address 401 Kellogg Blvd E City Saint Paul State MN Zip Code 55101- Purpose of Disbursement Party Fundraising Postage/ Non-FEA Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01019.E33897 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 370.00 CATEGORY/Type PARTY FUNDRAISING POSTAGE/ NON-FEA

<b>B.</b> Full Name (Last, First, Middle Initial) Southwest Publishing Mailing Address 2600 NW Topeka Blvd City Topeka State KS Zip Code 66617-1160 Purpose of Disbursement Party Mailhouse Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01019.E33914 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 2784.51 CATEGORY/Type PARTY MAILHOUSE PRINTING

<b>C.</b> Full Name (Last, First, Middle Initial) MN Dept of Revenue Mailing Address 658 Cedar St Ste 400 City Saint Paul State MN Zip Code 55155-1603 Purpose of Disbursement MN Sales & Use Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01019.E33932 Date of Disbursement 10 / 01 / 2010
	Amount of Each Disbursement this Period 294.00 CATEGORY/Type MN SALES & USE TAX

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3448.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cardmember Services</p> <p>Mailing Address PO Box 790408</p> <p>City Saint Louis State MO Zip Code 63179-0408</p> <p>Purpose of Disbursement SEE BELOW: CC Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34022</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>SEE BELOW: CC PAYMENT</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Minneapolis Hilton</p> <p>Mailing Address 1101 Marquette</p> <p>City Minneapolis State MN Zip Code 55403-</p> <p>Purpose of Disbursement FACILITY RENTAL/NON-CANDIDA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00517.E31277</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4042.20"/></p> <p><b>[MEMO ITEM]</b> MEMO: FACILITY RENTAL/NON-CANDIDA</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Minneapolis Hilton</p> <p>Mailing Address 1101 Marquette</p> <p>City Minneapolis State MN Zip Code 55403-</p> <p>Purpose of Disbursement CC-LODGING &amp; MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00517.E31278</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3897.59"/></p> <p><b>[MEMO ITEM]</b> MEMO: CC-LODGING &amp; MEALS</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# 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 50 / 121

<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)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Election Mall Technology</p> <p>Mailing Address 1101 Pennsylvania Ave NW 6th Fl</p> <p>City Washington State DC Zip Code 20004-</p> <p>Purpose of Disbursement CC-ONLINE FUNDRAISING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00517.E31280 <b>Date of Disbursement</b> 04 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1890.00</p> <p><b>[MEMO ITEM]</b> MEMO: CC-ONLINE FUNDRAISING</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ticketprinting.com</p> <p>Mailing Address P.O. Box 6934</p> <p>City Harlowton State MT Zip Code 59036-</p> <p>Purpose of Disbursement CC-TICKET PRINTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00723.E32554 <b>Date of Disbursement</b> 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 793.50</p> <p><b>[MEMO ITEM]</b> MEMO: CC-TICKET PRINTING</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MicroCenter</p> <p>Mailing Address 3710 Highway 100 South</p> <p>City Saint Louis Park State MN Zip Code 55416-</p> <p>Purpose of Disbursement CC- IT EQUIPMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00723.E32556 <b>Date of Disbursement</b> 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 348.63</p> <p><b>[MEMO ITEM]</b> MEMO: CC- IT EQUIPMENT</p>

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

0.00

**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 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)  
Republican Party of Minnesota

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Battery Connection</p> <p>Mailing Address 40 Exchange Pl</p> <p>City Passaic State NJ Zip Code 07055-</p> <p>Purpose of Disbursement CC-IT EQUIPMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00723.E32558 <b>Date of Disbursement</b> 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 22.50</p> <p><b>[MEMO ITEM]</b> MEMO: CC-IT EQUIPMENT</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Ticketprinting.com</p> <p>Mailing Address P.O. Box 6934</p> <p>City Harlowton State MT Zip Code 59036-</p> <p>Purpose of Disbursement CC-TICKET PRINTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00908.E33325 <b>Date of Disbursement</b> 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 793.50</p> <p><b>[MEMO ITEM]</b> MEMO: CC-TICKET PRINTING</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) PayPal Inc.</p> <p>Mailing Address 2211 N 1st St</p> <p>City San Jose State CA Zip Code 95131-2021</p> <p>Purpose of Disbursement CC-SERVICE FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00908.E33326 <b>Date of Disbursement</b> 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 22.50</p> <p><b>[MEMO ITEM]</b> MEMO: CC-SERVICE FEE</p>

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

0.00

**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 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)  
Republican Party of Minnesota

A.	Full Name (Last, First, Middle Initial) WebEx Communications, Inc.	Transaction ID: 00908.E33327 Date of Disbursement 09 / 03 / 2010
	Mailing Address 3979 Freedom Circle	Amount of Each Disbursement this Period 69.00
	City Santa Clara State CA Zip Code 95054- Purpose of Disbursement CC-SERVICE FEE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: CC-SERVICE FEE

B.	Full Name (Last, First, Middle Initial) Dominos Pizza - Downtown St. Paul	Transaction ID: 00908.E33328 Date of Disbursement 09 / 03 / 2010
	Mailing Address 477 Saint Peter St	Amount of Each Disbursement this Period 29.70
	City Saint Paul State MN Zip Code 55102-1110 Purpose of Disbursement CC-MEALS Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: CC-MEALS

C.	Full Name (Last, First, Middle Initial) Minneapolis Hilton	Transaction ID: 10317.E35635 Date of Disbursement 10 / 01 / 2010
	Mailing Address 1101 Marquette	Amount of Each Disbursement this Period 2000.00
	City Minneapolis State MN Zip Code 55403- Purpose of Disbursement CC-FACILITY RENTAL/NON CAND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: CC-FACILITY RENTAL/-NON CAND

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)  
Republican Party of Minnesota

A.

Full Name (Last, First, Middle Initial)  
Merchant Services

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 01019.E33902  
Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

33.00

CREDIT CARD PROCESSING FEES

B.

Full Name (Last, First, Middle Initial)  
Sheraton Hotel

Mailing Address 7800 Normandale Blvd.

City Minneapolis State MN Zip Code 55439-

Purpose of Disbursement  
Facility Rental/Food & Beverages

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 01019.E33901  
Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

2081.89

FACILITY RENTAL/FOOD & BEVERAGES

C.

Full Name (Last, First, Middle Initial)  
Ifax Solutions, Inc.

Mailing Address 161 Lexington Ave

City Philadelphia State PA Zip Code 19127-

Purpose of Disbursement  
IT Equipment

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 01019.E33927  
Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

2110.60

IT EQUIPMENT

SUBTOTAL of Disbursements This Page (optional) ▶

4225.49

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)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Wills <hr/> Mailing Address 1491 Woodview St E <hr/> City Saint Paul State MN Zip Code 55122-1323 <hr/> Purpose of Disbursement SEE BELOW: Reimburse IT Equipment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01019.E33890 Date of Disbursement 10 / 01 / 2010
	Amount of Each Disbursement this Period 72.98 <hr/> SEE BELOW: REIMBURSE IT EQUIPMENT
<b>B.</b> Full Name (Last, First, Middle Initial) Newegg.com <hr/> Mailing Address 9997 Rose Hills Rd <hr/> City Whittier State CA Zip Code 90601-1701 <hr/> Purpose of Disbursement WILLS- IT EQUIPMENT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01019.E33891 Date of Disbursement 10 / 01 / 2010
	Amount of Each Disbursement this Period 72.98 <hr/> [MEMO ITEM] MEMO: WILLS- IT EQUIPMENT

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

72.98

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

46244.45

**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 55 / 121

<input type="checkbox"/> 21b	<input checked="" 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)  
Republican Party of Minnesota

A.

Full Name (Last, First, Middle Initial)  
Fourth Congressional District Republican

Transaction ID: 01019.E33919

Date of Disbursement

Mailing Address 1443 Bussard Ct

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	1	0

City State Zip Code  
Arden Hills MN 55112-3628

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Transfer to Affiliate

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2500.00

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

2500.00

# 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" 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)  
Republican Party of Minnesota

A.	Full Name (Last, First, Middle Initial) Alliance Bank		Transaction ID: 01019.E33893	
	Mailing Address 444 Cedar St		Date of Disbursement 10 / 07 / 2010	
City Saint Paul		State MN	Zip Code 55101-2179	
Purpose of Disbursement Repayment of Other Loan Payment of Loan		Amount of Each Disbursement this Period 3421.78		
Candidate Name		Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3421.78
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3421.78

**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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

A.	Full Name (Last, First, Middle Initial) Alliance Bank	Transaction ID: 01019.E33934 Date of Disbursement 10 / 01 / 2010
	Mailing Address 444 Cedar St	Amount of Each Disbursement this Period 477.64
	City Saint Paul State MN Zip Code 55101-2179	
	Purpose of Disbursement Employee HSA Contribution/FEAF	EMPLOYEE HSA CONTRIBUTION- /FEAF
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Alliance Bank	Transaction ID: 01019.E33933 Date of Disbursement 10 / 01 / 2010
	Mailing Address 444 Cedar St	Amount of Each Disbursement this Period 2100.00
	City Saint Paul State MN Zip Code 55101-2179	
	Purpose of Disbursement Employee HSA Contribution/FEA	EMPLOYEE HSA CONTRIBUTION- /FEA
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Randall Kilgariff	Transaction ID: 01019.E33910 Date of Disbursement 10 / 08 / 2010
	Mailing Address 435 UNIVERSITY AVE EAST	Amount of Each Disbursement this Period 222.55
	City Saint Paul State MN Zip Code 55130-	
	Purpose of Disbursement FEA SALARY - Payroll Adjustment	FEA SALARY - PAYROLL ADJU- STMENT
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2800.19</b>
<b>TOTAL</b> 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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1210 Northland Dr Ste 100</p> <p>City Saint Paul State MN Zip Code 55120-1181</p> <p>Purpose of Disbursement SEE BELOW: FEA Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01019.E33937</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="53173.16"/></p> <p>SEE BELOW: FEA SALARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Chris Anderson</p> <p>Mailing Address 680 Stewart Ave</p> <p>City Saint Paul State MN Zip Code 55102-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33953</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="531.52"/></p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alexander Argo</p> <p>Mailing Address 9428 Erin Ct</p> <p>City Woodbury State MN Zip Code 55129-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33954</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="556.42"/></p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="53173.16"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

A.	Full Name (Last, First, Middle Initial) Eric Berg	Transaction ID: 01020.E33955
	Mailing Address 14601 SUMMIT OAKS DR	Date of Disbursement 10 / 07 / 2010
	City Burnsville State MN Zip Code 55337-	Amount of Each Disbursement this Period 306.51
	Purpose of Disbursement FEA SALARY	[MEMO ITEM] MEMO: FEA SALARY
	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:	

B.	Full Name (Last, First, Middle Initial) William Carpenter	Transaction ID: 01020.E33956
	Mailing Address 1579 H East County Rd D	Date of Disbursement 10 / 07 / 2010
	City Saint Paul State MN Zip Code 55109-	Amount of Each Disbursement this Period 661.82
	Purpose of Disbursement FEA SALARY	[MEMO ITEM] MEMO: FEA SALARY
	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:	

C.	Full Name (Last, First, Middle Initial) David Christopher	Transaction ID: 01020.E33957
	Mailing Address 4131 Genevea Ave #213	Date of Disbursement 10 / 07 / 2010
	City Oakdale State MN Zip Code 55128-	Amount of Each Disbursement this Period 180.96
	Purpose of Disbursement FEA SALARY	[MEMO ITEM] MEMO: FEA SALARY
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Matthew Cross</p> <p>Mailing Address 744 Randolph Ave</p> <p>City Saint Paul State MN Zip Code 55102-3414</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33958 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 290.03</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Christian Darouni</p> <p>Mailing Address 758 Reaney Ave</p> <p>City St Paul State MN Zip Code 55106-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33959 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1142.13</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Philip Green</p> <p>Mailing Address 729 Tuscarora Ave.</p> <p>City Saint Paul State MN Zip Code 55102-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33960 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 338.72</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

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

0.00

**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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

A.	Full Name (Last, First, Middle Initial) William Hastreiter	Transaction ID: 01020.E33961 Date of Disbursement 10 / 07 / 2010
	Mailing Address 680 Stewart Ave	Amount of Each Disbursement this Period 677.94
	City Saint Paul State MN Zip Code 55102-	
	Purpose of Disbursement FEA SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: FEA SALARY

B.	Full Name (Last, First, Middle Initial) Aaron Heidebrink	Transaction ID: 01020.E33962 Date of Disbursement 10 / 07 / 2010
	Mailing Address 1975 W University Ave #242	Amount of Each Disbursement this Period 734.56
	City St Paul State MN Zip Code 55105-	
	Purpose of Disbursement FEA SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: FEA SALARY

C.	Full Name (Last, First, Middle Initial) Kimberly Heifort	Transaction ID: 01020.E33963 Date of Disbursement 10 / 07 / 2010
	Mailing Address 763 Lawson Ave	Amount of Each Disbursement this Period 327.52
	City Saint Paul State MN Zip Code 55106-	
	Purpose of Disbursement FEA SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: FEA SALARY

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Caitlin Houlton</p> <p>Mailing Address 1185 Main St NW</p> <p>City Elk River State MN Zip Code 55330-1802</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33964 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 250.36</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathleen Hupalo</p> <p>Mailing Address 684 Delaware Ave</p> <p>City St Paul State MN Zip Code 55107-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33965 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 374.33</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeannette Manning</p> <p>Mailing Address 749 Ottawa Ave</p> <p>City St Paul State MN Zip Code 55104-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33966 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 431.53</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

A.	Full Name (Last, First, Middle Initial) William Milbach	Transaction ID: 01020.E33967 Date of Disbursement 10 / 07 / 2010
	Mailing Address 1438 N Pascal	Amount of Each Disbursement this Period 1257.83
	City St Paul State MN Zip Code 55102-	
	Purpose of Disbursement FEA SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**[MEMO ITEM]**  
MEMO: FEA SALARY

B.	Full Name (Last, First, Middle Initial) Edward Mulcahy	Transaction ID: 01020.E33968 Date of Disbursement 10 / 07 / 2010
	Mailing Address 936 ARMSTRONG AVE	Amount of Each Disbursement this Period 356.75
	City Saint Paul State MN Zip Code 55102-	
	Purpose of Disbursement FEA SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**[MEMO ITEM]**  
MEMO: FEA SALARY

C.	Full Name (Last, First, Middle Initial) Francis Dana Payne III	Transaction ID: 01020.E33969 Date of Disbursement 10 / 07 / 2010
	Mailing Address 290 Market St Unit 512	Amount of Each Disbursement this Period 1143.51
	City Minneapolis State MN Zip Code 55405-	
	Purpose of Disbursement FEA SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**[MEMO ITEM]**  
MEMO: FEA SALARY

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) Lori-Anne Pizzella <hr/> Mailing Address 680 Stewart Ave <hr/> City St Paul State MN Zip Code 55102- <hr/> Purpose of Disbursement FEA SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01020.E33970 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 149.95  <b>[MEMO ITEM]</b> MEMO: FEA SALARY

<b>B.</b> Full Name (Last, First, Middle Initial) David Rupprecht <hr/> Mailing Address 1550 Edgerton St Apt 303 <hr/> City St Paul State MN Zip Code 55105- <hr/> Purpose of Disbursement FEA SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01020.E33971 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 93.56  <b>[MEMO ITEM]</b> MEMO: FEA SALARY

<b>C.</b> Full Name (Last, First, Middle Initial) Robert C. Salender <hr/> Mailing Address 435 University Ave E <hr/> City Saint Paul State MN Zip Code 55130- <hr/> Purpose of Disbursement FEA SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01020.E33972 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 460.16  <b>[MEMO ITEM]</b> MEMO: FEA SALARY

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) George A. Schmidt</p> <p>Mailing Address 435 University Ave E</p> <p>City Saint Paul State MN Zip Code 55130-4437</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33973 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 444.74</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Suder</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33974 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 815.24</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kevin Thompson</p> <p>Mailing Address 1584 Arlington Ave E</p> <p>City Saint Paul State MN Zip Code 55106-1503</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33975 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 393.51</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

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

0.00

**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)

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<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Lewis Wilson</p> <p>Mailing Address 235 Exeter PI Apt 304</p> <p>City Saint Paul State MN Zip Code 55104-5711</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33976 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 222.84</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Samantha Fitzgerald</p> <p>Mailing Address 525 Park Street, Suite 250</p> <p>City St Paul State MN Zip Code 55103-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33978 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 4729.70</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Christy McGill</p> <p>Mailing Address 902 Ashland Ave</p> <p>City Saint Paul State MN Zip Code 55104-7013</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33979 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2622.30</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Thomas C. Pell</p> <p>Mailing Address 36601 450TH LANE</p> <p>City Saint Peter State MN Zip Code 56082-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33980 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 124.68</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeanette Purcell</p> <p>Mailing Address PO Box 403</p> <p>City Annadale State MN Zip Code 55302-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33981 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 4502.91</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joel Cary</p> <p>Mailing Address 12809 44th PI NE</p> <p>City Saint Michael State MN Zip Code 55376-3030</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33982 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2107.60</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)

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<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

A.	Full Name (Last, First, Middle Initial) Susan Closmore	Transaction ID: 01020.E33983 Date of Disbursement 10 / 07 / 2010
	Mailing Address 1308 7th St SE Apt 13	Amount of Each Disbursement this Period 1045.30
	City Minneapolis State MN Zip Code 55414-1678	
	Purpose of Disbursement FEA SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: FEA SALARY

B.	Full Name (Last, First, Middle Initial) Aaron Cocking	Transaction ID: 01020.E33984 Date of Disbursement 10 / 07 / 2010
	Mailing Address 5066 Irondale Rd	Amount of Each Disbursement this Period 1441.04
	City Mounds View State MN Zip Code 55112-	
	Purpose of Disbursement FEA SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: FEA SALARY

C.	Full Name (Last, First, Middle Initial) Mark Drake	Transaction ID: 01020.E33985 Date of Disbursement 10 / 07 / 2010
	Mailing Address 6863 Christian Curve	Amount of Each Disbursement this Period 2057.15
	City Woodbury State MN Zip Code 55125-	
	Purpose of Disbursement FEA SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: FEA SALARY

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jordan Hanson</p> <p>Mailing Address 767 97TH AVE NE</p> <p>City Minneapolis State MN Zip Code 55434-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33986 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 546.00</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Abby Michaud</p> <p>Mailing Address 14174 FRANKLIN AVE NW</p> <p>City Clearwater State MN Zip Code 55320-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33987 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 840.41</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kimberly Balega</p> <p>Mailing Address 16529 Elmwood Dr.</p> <p>City Detroit Lakes State MN Zip Code 56501-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33988 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 896.61</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) Kaylea Crawford <hr/> Mailing Address 2115 Summit Ave <hr/> City Saint Paul State MN Zip Code 55105- <hr/> Purpose of Disbursement FEA SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01020.E33989 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 954.52  <b>[MEMO ITEM]</b> MEMO: FEA SALARY
<b>B.</b> Full Name (Last, First, Middle Initial) Nick Erickson <hr/> Mailing Address 9344 134th Street <hr/> City Savage State MN Zip Code 55378- <hr/> Purpose of Disbursement FEA SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01020.E33990 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 1222.88  <b>[MEMO ITEM]</b> MEMO: FEA SALARY
<b>C.</b> Full Name (Last, First, Middle Initial) Zach Freimark <hr/> Mailing Address 2369 Unity Ave N <hr/> City Minneapolis State MN Zip Code 55422-3412 <hr/> Purpose of Disbursement FEA SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01020.E33991 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 849.43  <b>[MEMO ITEM]</b> MEMO: FEA SALARY

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael Knutsen</p> <p>Mailing Address 2390 Eagle Trace Ln</p> <p>City Woodbury State MN Zip Code 55125-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33992 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 928.32</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Heather Rubash</p> <p>Mailing Address 501 Waconia Pkwy N #306</p> <p>City Waconia State MN Zip Code 55387-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33993 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 964.01</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ken Sprague</p> <p>Mailing Address 4886 Windsor Ct</p> <p>City Eagan State MN Zip Code 55122-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33994 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 925.95</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

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

0.00

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

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

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<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Tyler Verry</p> <p>Mailing Address 432 N 76th Ave W</p> <p>City Duluth State MN Zip Code 55807-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33995 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 319.67</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert Wills</p> <p>Mailing Address 1491 Woodview St E</p> <p>City Saint Paul State MN Zip Code 55122-1323</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33996 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 957.49</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ryan Griffin</p> <p>Mailing Address 319 Savage Ln</p> <p>City Little Canada State MN Zip Code 55117-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33997 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2442.51</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

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

0.00

**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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Patty Daugherty</p> <p>Mailing Address 1395 Farrington St Apt A</p> <p>City Saint Paul State MN Zip Code 55117-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33998</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="187.60"/></p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Raymond Forrest</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E33999</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="207.62"/></p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Justin Girling</p> <p>Mailing Address 1755 Portland Ave</p> <p>City Saint Paul State MN Zip Code 55104-6874</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="308.44"/></p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Daniel Hanover</p> <p>Mailing Address 575 Grand Ave</p> <p>City Saint Paul State MN Zip Code 55102-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34001 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 324.64</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sarah Hansen-Jones</p> <p>Mailing Address 505 Hoyt Ave E</p> <p>City Saint Paul State MN Zip Code 55106-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34002 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 428.08</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nick Havely</p> <p>Mailing Address 680 Stewart Ave</p> <p>City Saint Paul State MN Zip Code 55102-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34003 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 410.08</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

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

0.00

**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)

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<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Benjamin Haynor</p> <p>Mailing Address 1050 East Ave</p> <p>City Mahtomedi State MN Zip Code 55115-1507</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34004 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 234.39</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Troy Hilderbrand</p> <p>Mailing Address 1827 Laurel Ave</p> <p>City Saint Paul State MN Zip Code 55104-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34005 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 647.73</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Josh Hinderman</p> <p>Mailing Address 13555 ANDREWS AVE</p> <p>City Minneapolis State MN Zip Code 55405-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34006 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 254.56</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

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

0.00

**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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Thomas Hoffman</p> <p>Mailing Address 6051 Courtyly Alcove Ave</p> <p>City Woodbury State MN Zip Code 55125-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34007</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="360.33"/></p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ronald Huettl</p> <p>Mailing Address 70 Virginia St #1</p> <p>City St Paul State MN Zip Code 55107-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34008</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2737.11"/></p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Randall Kilgariff</p> <p>Mailing Address 435 UNIVERSITY AVE EAST</p> <p>City Saint Paul State MN Zip Code 55130-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34009</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="45.67"/></p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

**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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ryan Kleinhuisen</p> <p>Mailing Address 3900 Bettel Drive #1344</p> <p>City Saint Paul State MN Zip Code 55112-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34010</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="213.02"/></p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nicholas Lynch</p> <p>Mailing Address 2245 Ariel St N</p> <p>City Saint Paul State MN Zip Code 55109-2855</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34011</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="312.39"/></p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Landrey Mckinzie</p> <p>Mailing Address 7338 Jewel Ave S</p> <p>City Cottage Grove State MN Zip Code 55016-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34012</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="512.71"/></p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Shaun Mceachern</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34013 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 192.65</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Cherye Lee Montgomery</p> <p>Mailing Address Po Box 65231</p> <p>City Saint Paul State MN Zip Code 55165-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34014 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 512.42</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Martha M. Nichols</p> <p>Mailing Address 2124 Bates Ave. H4</p> <p>City St. Paul State MN Zip Code 55106-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34015 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 495.85</p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Taylor Porter</p> <p>Mailing Address 659 Bradhurst Drive</p> <p>City Hudson State WI Zip Code 54016-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34016</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.28"/></p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Shawn Ricks</p> <p>Mailing Address 1871 East 7th St. # 6</p> <p>City St. Paul State MN Zip Code 55115-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34017</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="494.77"/></p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jacob Schommer</p> <p>Mailing Address 792 JUNO AVE</p> <p>City Saint Paul State MN Zip Code 55102-</p> <p>Purpose of Disbursement FEA SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01020.E34018</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="382.29"/></p> <p><b>[MEMO ITEM]</b> MEMO: FEA SALARY</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>



**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"/> 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 checked="" type="checkbox"/> 30b

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)  
Republican Party of Minnesota

A.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: 01019.E33939 Date of Disbursement 10 / 07 / 2010
	Mailing Address 1210 Northland Dr Ste 100	Amount of Each Disbursement this Period 1745.47
	City Saint Paul State MN Zip Code 55120-1181	
	Purpose of Disbursement SEE BELOW: Garnishments Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SEE BELOW: GARNISHMENTS

B.	Full Name (Last, First, Middle Initial) MN Child Support Center	Transaction ID: 01019.E33945 Date of Disbursement 10 / 07 / 2010
	Mailing Address PO Box 64306	Amount of Each Disbursement this Period 1315.82
	City Saint Paul State MN Zip Code 55164-0306	
	Purpose of Disbursement WITHOLDINGS-MN CHILD SUPPO Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: WITHOLDINGS-MN CHILD SUPPO

C.	Full Name (Last, First, Middle Initial) Osi Education Services, Inc.	Transaction ID: 01019.E33946 Date of Disbursement 10 / 07 / 2010
	Mailing Address PO Box 929	Amount of Each Disbursement this Period 97.90
	City Brookfield State WI Zip Code 53008-0929	
	Purpose of Disbursement GARNISHMENTS-OSI EDUCATION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: GARNISHMENTS-OSI EDUCATION

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1745.47
<b>TOTAL</b> 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"/> 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wi Spt Collections Trust Fund</p> <p>Mailing Address PO Box 74400</p> <p>City Milwaukee State WI Zip Code 53274-0001</p> <p>Purpose of Disbursement GARNISHMENTS-WI SPT COLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01019.E33947 <b>Date of Disbursement:</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 60.00</p> <p><b>[MEMO ITEM]</b> MEMO: GARNISHMENTS-WI SPT COLL</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MN Dept of Revenue</p> <p>Mailing Address 658 Cedar St Ste 400</p> <p>City Saint Paul State MN Zip Code 55155-1603</p> <p>Purpose of Disbursement GARNISHMENTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01019.E33948 <b>Date of Disbursement:</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 271.75</p> <p><b>[MEMO ITEM]</b> MEMO: GARNISHMENTS</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1210 Northland Dr Ste 100</p> <p>City Saint Paul State MN Zip Code 55120-1181</p> <p>Purpose of Disbursement SEE BELOW: FEA Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01019.E33938 <b>Date of Disbursement:</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 23975.67</p> <p>SEE BELOW: FEA PAYROLL TAXES</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>23975.67</b>
<b>TOTAL</b> 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"/> 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 checked="" type="checkbox"/> 30b

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)  
Republican Party of Minnesota

A.

Full Name (Last, First, Middle Initial)  
Internal Revenue Service

Mailing Address P.O. BOX 43251

City Ogden State UT Zip Code 84201-0001

Purpose of Disbursement  
FEA PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 01019.E33941  
Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

19751.26

**[MEMO ITEM]**  
MEMO: FEA PAYROLL TAXES

B.

Full Name (Last, First, Middle Initial)  
MN Dept of Revenue

Mailing Address 658 Cedar St Ste 400

City Saint Paul State MN Zip Code 55155-1603

Purpose of Disbursement  
FEA PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 01019.E33942  
Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

3267.42

**[MEMO ITEM]**  
MEMO: FEA PAYROLL TAXES

C.

Full Name (Last, First, Middle Initial)  
MN State Unemployment

Mailing Address 332 Minnesota St

City Saint Paul State MN Zip Code 55101-1314

Purpose of Disbursement  
FEA PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 01019.E33944  
Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

956.99

**[MEMO ITEM]**  
MEMO: FEA PAYROLL TAXES

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

0.00

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

81694.49

**SCHEDULE C (FEC Form 3X)**

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**Transaction ID:** LSC100913.855389

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Alliance Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 444 Cedar St	
City Saint Paul State MN ZIP Code 55101-2179	

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM DD YYYY 07 01 2010	Date Due 20110701	Interest Rate 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="20000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 85 / 121 FOR LINE 13 OF FORM 3X
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**LOANS**

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**Transaction ID:** LS00830.C859465

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Alliance Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 444 Cedar St	
City Saint Paul State MN ZIP Code 55101-2179	

Original Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: center;">208043.66</div>	Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: center;">6800.58</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">201243.08</div>
--	---	--

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>8</td></tr> </table> <table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>1</td><td>3</td></tr> </table> <table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	0	8	D	D	1	3	Y	Y	Y	Y	2	0	1	0	20110813	5.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
0	8																		
D	D																		
1	3																		
Y	Y	Y	Y																
2	0	1	0																

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 15px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 15px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 15px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 15px;"></div>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<div style="border: 1px solid black; padding: 2px; text-align: center;">201243.08</div>
<b>TOTALS</b> This Period (last page in this line only) .....	<div style="border: 1px solid black; padding: 2px; text-align: center;">221243.08</div>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> David Sturrock			Nature of Debt (Purpose): Travel
Mailing Address 1142 David Dr			
City Marshall	State MN	ZIP Code 56258-3406	

Outstanding Balance Beginning This Period <input type="text" value="1342.24"/>		<b>Transaction ID:</b> LS00914.E33459	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1342.24"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Barbara Linert			Nature of Debt (Purpose): Travel
Mailing Address 4282 Braddock Trl			
City Eagan	State MN	ZIP Code 55123-1941	

Outstanding Balance Beginning This Period <input type="text" value="187.75"/>		<b>Transaction ID:</b> LS00511.E31221	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="187.75"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Federal Express			Nature of Debt (Purpose): Party Shipping/ Non FEA
Mailing Address Po Box 1140			
City Memphis	State TN	ZIP Code 38101-	

Outstanding Balance Beginning This Period <input type="text" value="1276.00"/>		<b>Transaction ID:</b> LS00914.E33463	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1276.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="2805.99"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 87 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Minneapolis Club	Nature of Debt (Purpose): Facility Rental/Non-Candidate
Mailing Address 729 2nd Ave S	
City State ZIP Code Minneapolis MN 55402-	

Outstanding Balance Beginning This Period 2245.93	<b>Transaction ID:</b> LS00914.E33471	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2245.93

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Trimble & Associates	Nature of Debt (Purpose): Legal Fees
Mailing Address 10210 WAYZATA BLVD SUITE 130	
City State ZIP Code Hopkins MN 55305-	

Outstanding Balance Beginning This Period 82920.50	<b>Transaction ID:</b> LS00412.E30704	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 82920.50

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Resolution Graphics	Nature of Debt (Purpose): Party Fundraising Mailhouse/Non-Can
Mailing Address 3725 Dunlap Street N.	
City State ZIP Code Saint Paul MN 55112-	

Outstanding Balance Beginning This Period 3467.60	<b>Transaction ID:</b> LS00713.E32270	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3467.60

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	88634.03
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 88 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor SMD Copy Systems	Nature of Debt (Purpose): Equipment Maintenance
Mailing Address 6520 W Lake St	
City State ZIP Code Minneapolis MN 55408-	

Outstanding Balance Beginning This Period 1268.08	<b>Transaction ID:</b> LS01019.E33921	
Amount Incurred This Period 0.00	Payment This Period 1268.08	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis Nexis	Nature of Debt (Purpose): Office Computer Services
Mailing Address Po Box 2314	
City State ZIP Code Carol Stream IL 60132-	

Outstanding Balance Beginning This Period 1224.00	<b>Transaction ID:</b> LS01018.E33853	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1224.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor AVVR Inc.	Nature of Debt (Purpose): Party Sound and Light Rental
Mailing Address 3994 Cedarville Dr	
City State ZIP Code Eagan MN 55122-	

Outstanding Balance Beginning This Period 17787.44	<b>Transaction ID:</b> LS00412.E30526	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 17787.44

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	19011.44
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 89 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Pioneer Press	Nature of Debt (Purpose): Newspaper Subscription
Mailing Address Po Box 64890	
City State ZIP Code St Paul MN 55164-	

Outstanding Balance Beginning This Period 51.44	<b>Transaction ID:</b> LS00611.E31873	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 51.44

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Rapit Printing	Nature of Debt (Purpose): Generic Party Printing Non-Candidat
Mailing Address 1415 1st Ave Nw	
City State ZIP Code New Brighton MN 55112-	

Outstanding Balance Beginning This Period 4551.62	<b>Transaction ID:</b> LS01018.E33876	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4551.62

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor PC Solutions	Nature of Debt (Purpose): Office Equipment Repair
Mailing Address 3839 Washington Ave N	
City State ZIP Code Minneapolis MN 55412-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> LS10317.E35627	
Amount Incurred This Period 844.49	Payment This Period 0.00	Outstanding Balance at Close of This Period 844.49

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	5447.55
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> A. J. Schaaake Co			Nature of Debt (Purpose): Name Plates
Mailing Address 919 St Clair Ave			
City St Paul	State MN	ZIP Code 55105-	

Outstanding Balance Beginning This Period <input type="text" value="133.46"/>		<b>Transaction ID:</b> LS00412.E30517	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="133.46"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Star Tribune			Nature of Debt (Purpose): CLIPSERVICE/SUBSCRIPTION
Mailing Address P.o. Box 9166			
City Minneapolis	State MN	ZIP Code 55480-	

Outstanding Balance Beginning This Period <input type="text" value="111.80"/>		<b>Transaction ID:</b> LS00713.E32276	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="111.80"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Minneapolis Hilton			Nature of Debt (Purpose): Food & Beverages-Non-Candidate
Mailing Address 1101 Marquette			
City Minneapolis	State MN	ZIP Code 55403-	

Outstanding Balance Beginning This Period <input type="text" value="3996.36"/>		<b>Transaction ID:</b> LS01018.E33846	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3996.36"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="4241.62"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 91 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon Wireless	Nature of Debt (Purpose): Party Telephone Expense
Mailing Address P.O. Box 790422	
City State ZIP Code St. Louis MO 63179-	

Outstanding Balance Beginning This Period 2437.91	<b>Transaction ID:</b> LS01019.E33900	
Amount Incurred This Period 0.00	Payment This Period 2437.91	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Hub Properties Trust	Nature of Debt (Purpose): OFFICE PASS
Mailing Address Reit Management Research 330 2nd. Ave. S Suite 110	
City State ZIP Code Minneapolis MN 55401-	

Outstanding Balance Beginning This Period 52.00	<b>Transaction ID:</b> LS01210.E34813	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 52.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Healtheast Care System	Nature of Debt (Purpose): Parking Permits
Mailing Address P.o. Box 64624	
City State ZIP Code St. Paul MN 55164-	

Outstanding Balance Beginning This Period 774.91	<b>Transaction ID:</b> LS01210.E34815	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 774.91

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	826.91
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Mark Drake			Nature of Debt (Purpose): Travel
Mailing Address 6863 Christian Curve			
City Woodbury	State MN	ZIP Code 55125-	

Outstanding Balance Beginning This Period <input type="text" value="22.00"/>		<b>Transaction ID:</b> LS01215.E34845	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="22.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Kaylea Crawford			Nature of Debt (Purpose): Travel
Mailing Address 2115 Summit Ave			
City Saint Paul	State MN	ZIP Code 55105-	

Outstanding Balance Beginning This Period <input type="text" value="61.42"/>		<b>Transaction ID:</b> LS00914.E33469	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="61.42"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Doubletree Hotel Mpls. Park Place			Nature of Debt (Purpose): Facility Rental/Non-Candidate
Mailing Address 1500 Park Place Blvd.			
City Minneapolis	State MN	ZIP Code 55416-	

Outstanding Balance Beginning This Period <input type="text" value="936.16"/>		<b>Transaction ID:</b> LS00511.E31226	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="936.16"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1019.58"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 93 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Kelber Catering, Inc.	Nature of Debt (Purpose): Bottled Spring Water
Mailing Address 1301 Second Ave. South	
City State ZIP Code Minneapolis MN 55403-	

Outstanding Balance Beginning This Period <input type="text" value="39.88"/>	<b>Transaction ID:</b> LS00713.E32264	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="39.88"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Pinnacle Direct, Inc.	Nature of Debt (Purpose): Party Fundraising Mail/Non-Candidat
Mailing Address 15260 113th Street North	
City State ZIP Code Stillwater MN 55082-	

Outstanding Balance Beginning This Period <input type="text" value="27905.25"/>	<b>Transaction ID:</b> LS01019.E33915	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2222.88"/>	Outstanding Balance at Close of This Period <input type="text" value="25682.37"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Tarrance Group	Nature of Debt (Purpose): Party Polling
Mailing Address 201 N. Union Street Suite 410	
City State ZIP Code Alexandria VA 22314-	

Outstanding Balance Beginning This Period <input type="text" value="26127.00"/>	<b>Transaction ID:</b> LS00320.E29620	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="26127.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="51849.25"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 94 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect	Nature of Debt (Purpose): Party Fundraising Telemar- keting
Mailing Address 7300 Hudson Blvd N Ste 270	
City State ZIP Code Saint Paul MN 55128-7143	

Outstanding Balance Beginning This Period <input type="text" value="69239.70"/>	<b>Transaction ID:</b> LS00320.E30147	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="69239.70"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Clientserv, LLC	Nature of Debt (Purpose): Party Accounting Services
Mailing Address 7201 Juniper Avenue	
City State ZIP Code Excelsior MN 55331-	

Outstanding Balance Beginning This Period <input type="text" value="229.27"/>	<b>Transaction ID:</b> LS00713.E32251	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="229.27"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS Store	Nature of Debt (Purpose): Party Printing/Non-FEA
Mailing Address 3432 Denmark Ave	
City State ZIP Code Eagan MN 55123-	

Outstanding Balance Beginning This Period <input type="text" value="195.36"/>	<b>Transaction ID:</b> LS00713.E32282	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="195.36"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="69664.33"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor SMD Telecom	Nature of Debt (Purpose): Party Telephone Expense
Mailing Address 6520 W Lake St	
City State ZIP Code Minneapolis MN 55426-	

Outstanding Balance Beginning This Period 2843.48	<b>Transaction ID:</b> LS01019.E33922	
Amount Incurred This Period 0.00	Payment This Period 2843.48	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Quicksilver Express	Nature of Debt (Purpose): Clip Services/Subscriptions
Mailing Address 203 Little Canada Rd East	
City State ZIP Code St Paul MN 55117-	

Outstanding Balance Beginning This Period 14.11	<b>Transaction ID:</b> LS00713.E32268	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14.11

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor All American Self Storage	Nature of Debt (Purpose): Storage Rent
Mailing Address 1500 Marshall Ave	
City State ZIP Code St Paul MN 55104-	

Outstanding Balance Beginning This Period 256.00	<b>Transaction ID:</b> LS00320.E28524	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 256.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	270.11
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 96 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Reit Management	Nature of Debt (Purpose): After Hours HVAC Service for Office
Mailing Address 330 Second Avenue South	
City State ZIP Code Minneapolis MN 55401-	

Outstanding Balance Beginning This Period 352.00	<b>Transaction ID:</b> LS00914.E33475	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 352.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Minnesota Dept of Health	Nature of Debt (Purpose): Party List Enhancement
Mailing Address PO Box 64882	
City State ZIP Code Saint Paul MN 55164-0882	

Outstanding Balance Beginning This Period 136.50	<b>Transaction ID:</b> LS00914.E33472	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 136.50

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Brown Direct Mail, Inc	Nature of Debt (Purpose): Generic Party Fundraising
Mailing Address 731 Divot Drive	
City State ZIP Code Fernley NV 89408-	

Outstanding Balance Beginning This Period 7946.64	<b>Transaction ID:</b> LS00412.E30692	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7946.64

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>8435.14</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 97 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Bryan Cave LLP	Nature of Debt (Purpose): Legal Fees
Mailing Address 700 13th St NW	
City State ZIP Code Washington DC 20005-3960	

Outstanding Balance Beginning This Period 51210.35	<b>Transaction ID:</b> LS00806.E32716	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 51210.35

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Anchor Paper Co.	Nature of Debt (Purpose): Office Paper
Mailing Address 480 Broadway St	
City State ZIP Code Saint Paul MN 55101-	

Outstanding Balance Beginning This Period 176.98	<b>Transaction ID:</b> LS00914.E33446	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 176.98

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Southwest Publishing	Nature of Debt (Purpose): Party Mailhouse Printing
Mailing Address 2600 NW Topeka Blvd	
City State ZIP Code Topeka KS 66617-1160	

Outstanding Balance Beginning This Period 16545.46	<b>Transaction ID:</b> LS01019.E33914	
Amount Incurred This Period 0.00	Payment This Period 2784.51	Outstanding Balance at Close of This Period 13760.95

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>65148.28</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Pinnacle List Company			Nature of Debt (Purpose): Generic Party Printing
Mailing Address 2800 S Shirlington Rd Ste 401			
City	State	ZIP Code	
Arlington	VA	22206-3608	

Outstanding Balance Beginning This Period		<b>Transaction ID:</b> LS00320.E30164	
4236.37			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	4236.37	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Cardmember Services			Nature of Debt (Purpose): SEE BELOW: CC Payment
Mailing Address PO Box 790408			
City	State	ZIP Code	
Saint Louis	MO	63179-0408	

Outstanding Balance Beginning This Period		<b>Transaction ID:</b> LS01020.E34022	
30513.60			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	2000.00	28513.60	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> US Monitor			Nature of Debt (Purpose): List Monitoring-Non FEA
Mailing Address 86 Maple Ave			
City	State	ZIP Code	
New City	NY	10956-	

Outstanding Balance Beginning This Period		<b>Transaction ID:</b> LS00412.E30707	
111.70			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	111.70	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	32861.67
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 99 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast	Nature of Debt (Purpose): On-line Service
Mailing Address PO Box 3002	
City State ZIP Code Southeastern PA 19398-3002	

Outstanding Balance Beginning This Period 602.47	<b>Transaction ID:</b> LS01019.E33904	
Amount Incurred This Period 0.00	Payment This Period 602.47	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Wills	Nature of Debt (Purpose): Travel
Mailing Address 1491 Woodview St E	
City State ZIP Code Saint Paul MN 55122-1323	

Outstanding Balance Beginning This Period 497.08	<b>Transaction ID:</b> LS01018.E33857	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 497.08

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ameriprise Financial Services, Inc.	Nature of Debt (Purpose): FEA Employees IRA Contribution
Mailing Address 70205 Ameriprise Financial Ctr	
City State ZIP Code Minneapolis MN 55474-0702	

Outstanding Balance Beginning This Period 500.31	<b>Transaction ID:</b> LS00412.E30524	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.31

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	997.39
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 100 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples Business Advantage	Nature of Debt (Purpose): General Office Supplies
Mailing Address PO Box 83689	
City State ZIP Code Chicago IL 60696-0001	

Outstanding Balance Beginning This Period 2557.21	<b>Transaction ID:</b> LS00713.E32275	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2557.21

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Xcel Energy	Nature of Debt (Purpose): Office Utilities
Mailing Address P.O. Box 9477	
City State ZIP Code Minneapolis MN 55464-	

Outstanding Balance Beginning This Period 1284.12	<b>Transaction ID:</b> LS01018.E33866	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1284.12

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Business Data Records	Nature of Debt (Purpose): Business Data Storage
Mailing Address 201 9th Ave SW	
City State ZIP Code Saint Paul MN 55112-3211	

Outstanding Balance Beginning This Period 135.24	<b>Transaction ID:</b> LS00806.E32717	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 135.24

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>3976.57</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 101 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Baja Sol	Nature of Debt (Purpose): Office Rent
Mailing Address 2922 Upper 55th St	
City Inver Grove Height State MN ZIP Code 55076-1673	

Outstanding Balance Beginning This Period 251.60	<b>Transaction ID:</b> LS01020.E34023	
Amount Incurred This Period 0.00	Payment This Period 251.60	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Zach Freimark	Nature of Debt (Purpose): Travel
Mailing Address 2369 Unity Ave N	
City Minneapolis State MN ZIP Code 55422-3412	

Outstanding Balance Beginning This Period 472.08	<b>Transaction ID:</b> LS00914.E33489	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 472.08

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Cardinals FEC Compliance Services	Nature of Debt (Purpose): FEC Compliance Services
Mailing Address 791 Holly Ave Suite 300	
City St Paul State MN ZIP Code 55104-	

Outstanding Balance Beginning This Period 9895.40	<b>Transaction ID:</b> LS01012.E33805	
Amount Incurred This Period 0.00	Payment This Period 9895.40	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>472.08</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
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NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Access Associates, LLC			Nature of Debt (Purpose): Sign Language Interpreter Expense
Mailing Address 919 Scheffer St.			
City St Paul	State MN	ZIP Code 55103-	

Outstanding Balance Beginning This Period <input type="text" value="120.00"/>		<b>Transaction ID:</b> LS00511.E31231	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="120.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Kimberly Balega			Nature of Debt (Purpose): Travel
Mailing Address 16529 Elmwood Dr.			
City Detroit Lakes	State MN	ZIP Code 56501-	

Outstanding Balance Beginning This Period <input type="text" value="613.23"/>		<b>Transaction ID:</b> LS01018.E33852	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="613.23"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Strother Communications Group			Nature of Debt (Purpose): Party Consultant-Communications
Mailing Address 222 South Ninth Street Floor 41			
City Minneapolis	State MN	ZIP Code 55402-	

Outstanding Balance Beginning This Period <input type="text" value="35496.66"/>		<b>Transaction ID:</b> LS00611.E31878	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="35496.66"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="36229.89"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 103 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Civis Communications	Nature of Debt (Purpose): Blackberry Rental Fee
Mailing Address Two Carlson Pkwy Suite 375	
City State ZIP Code Plymouth MN 55447-	

Outstanding Balance Beginning This Period 841.94	<b>Transaction ID:</b> LS10411.E35982	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 841.94

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Samantha Fitzgerald	Nature of Debt (Purpose): Travel
Mailing Address 525 Park Street, Suite 250	
City State ZIP Code St Paul MN 55103-	

Outstanding Balance Beginning This Period 211.81	<b>Transaction ID:</b> LS01201.E34672	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 211.81

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor RBA Consulting	Nature of Debt (Purpose): Party Software Consulting
Mailing Address 445 East Lake Street Suite 120	
City State ZIP Code Wayzata MN 55391-	

Outstanding Balance Beginning This Period 14775.00	<b>Transaction ID:</b> LS00320.E29084	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14775.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>15828.75</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 104 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor P2b Strategies, Inc	Nature of Debt (Purpose): Mail design & printing
Mailing Address 4750 E 53rd St Apt 206	
City State ZIP Code Minneapolis MN 55417-2357	

Outstanding Balance Beginning This Period 31500.00	<b>Transaction ID:</b> LS10317.E35625	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 31500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Amato & Associates, llc	Nature of Debt (Purpose): Party IT/Web Services
Mailing Address P.O. Box 879	
City State ZIP Code Hopkins MN 55343-	

Outstanding Balance Beginning This Period 6095.00	<b>Transaction ID:</b> LS00320.E29629	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6095.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Zayo Enterprise Networks	Nature of Debt (Purpose): Internet Service
Mailing Address P.O. Box 952151	
City State ZIP Code Dallas TX 75395-	

Outstanding Balance Beginning This Period 1770.00	<b>Transaction ID:</b> LS01018.E33868	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1770.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	39365.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 105 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Tilt Inc.	Nature of Debt (Purpose): Generic Party Communication Consult
Mailing Address 8820 9th St N	
City State ZIP Code Oakdale MN 55128-	

Outstanding Balance Beginning This Period 2500.00	<b>Transaction ID:</b> LS01018.E33863	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor David Thompson	Nature of Debt (Purpose): General Party Media Consulting
Mailing Address P.O. Box 1201	
City State ZIP Code Lakeville MN 55044-	

Outstanding Balance Beginning This Period 7500.00	<b>Transaction ID:</b> LS00713.E32252	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7500.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Grant Cermak	Nature of Debt (Purpose): Party Computer Services
Mailing Address 1559 Rhode Island Ave N	
City State ZIP Code Golden Valley MN 55427-4066	

Outstanding Balance Beginning This Period 1625.00	<b>Transaction ID:</b> LS01018.E33843	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1625.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>11625.00</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Heather Rubash			Nature of Debt (Purpose): Travel
Mailing Address 501 Waconia Pkwy N #306			
City Waconia	State MN	ZIP Code 55387-	

Outstanding Balance Beginning This Period <input type="text" value="569.53"/>		<b>Transaction ID:</b> LS01018.E33845	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="569.53"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> C. Forbes, Inc.			Nature of Debt (Purpose): Lapel Pins
Mailing Address 12830 West Creek Pkwy Suite G			
City Richmond	State VA	ZIP Code 23238-	

Outstanding Balance Beginning This Period <input type="text" value="1066.30"/>		<b>Transaction ID:</b> LS00320.E29585	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1066.30"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Visi Inc.			Nature of Debt (Purpose): Party Computer Services
Mailing Address 10290 West 70th Street			
City Eden Prairie	State MN	ZIP Code 55344-	

Outstanding Balance Beginning This Period <input type="text" value="1570.00"/>		<b>Transaction ID:</b> LS01019.E33928	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1570.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1635.83"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Radisson St. Cloud			Nature of Debt (Purpose): Facility Rental/Non Candidate
Mailing Address 404 St. Germain West,			
City Saint Cloud	State MN	ZIP Code 56301-	

Outstanding Balance Beginning This Period <input type="text" value="702.36"/>		<b>Transaction ID:</b> LS00914.E33481	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="702.36"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Digineer Inc			Nature of Debt (Purpose): Software Consulting
Mailing Address 154 PO Box 1575			
City Minneapolis	State MN	ZIP Code 55480-	

Outstanding Balance Beginning This Period <input type="text" value="10775.00"/>		<b>Transaction ID:</b> LS01019.E33888	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="10775.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Jordan Hanson			Nature of Debt (Purpose): Travel
Mailing Address 767 97TH AVE NE			
City Minneapolis	State MN	ZIP Code 55434-	

Outstanding Balance Beginning This Period <input type="text" value="20.06"/>		<b>Transaction ID:</b> LS00713.E32263	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20.06"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="722.42"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Abby Michaud			Nature of Debt (Purpose): Travel
Mailing Address 14174 FRANKLIN AVE NW			
City Clearwater	State MN	ZIP Code 55320-	

Outstanding Balance Beginning This Period 92.12		<b>Transaction ID:</b> LS01215.E34855	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 92.12	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Joel Cary			Nature of Debt (Purpose): Travel
Mailing Address 12809 44th PI NE			
City Saint Michael	State MN	ZIP Code 55376-3030	

Outstanding Balance Beginning This Period 2155.27		<b>Transaction ID:</b> LS00914.E33468	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2155.27	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Thomas C. Pell			Nature of Debt (Purpose): Travel
Mailing Address 36601 450TH LANE			
City Saint Peter	State MN	ZIP Code 56082-	

Outstanding Balance Beginning This Period 25.53		<b>Transaction ID:</b> LS00914.E33483	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.53	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	2272.92
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 109 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor St Paul Legal Ledger Capitol Report	Nature of Debt (Purpose): Clip Service
Mailing Address PO Box 1667	
City State ZIP Code Minneapolis MN 55480-	

Outstanding Balance Beginning This Period 149.00	<b>Transaction ID:</b> LS00611.E31889	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 149.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Targeted Victory	Nature of Debt (Purpose): Fundraising Fees
Mailing Address 66 Canal Center Plaza Suite 501	
City State ZIP Code Alexandria VA 22314-	

Outstanding Balance Beginning This Period 500.00	<b>Transaction ID:</b> LS00611.E31890	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Minnesota Pollution Control Agency	Nature of Debt (Purpose): Research Printing Expense
Mailing Address 520 Lafayette Rd N.	
City State ZIP Code Saint Paul MN 55155-	

Outstanding Balance Beginning This Period 52.30	<b>Transaction ID:</b> LS01019.E33892	
Amount Incurred This Period 0.00	Payment This Period 52.30	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	649.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 110 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Carlson Real Estate Company	Nature of Debt (Purpose): Party Office Rent
Mailing Address 111-131 Cheshire Lane	
City State ZIP Code Minnetonka MN 55305-	

Outstanding Balance Beginning This Period 3000.00	<b>Transaction ID:</b> LS01018.E33837	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Office of the State Auditor	Nature of Debt (Purpose): Office Paper Printing
Mailing Address Suite 500 525 Park Street	
City State ZIP Code Saint Paul MN 55103-	

Outstanding Balance Beginning This Period 99.29	<b>Transaction ID:</b> LS00806.E32750	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 99.29

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Center Point Energy	Nature of Debt (Purpose): Office Utilities
Mailing Address PO Box 4671	
City State ZIP Code Houston TX 77210-4671	

Outstanding Balance Beginning This Period 59.10	<b>Transaction ID:</b> LS01018.E33838	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 59.10

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	3158.39
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> The Local			Nature of Debt (Purpose): Party Rent/Non-Candidate
Mailing Address 931 Nicollet Mall			
City Minneapolis	State MN	ZIP Code 55402-	

Outstanding Balance Beginning This Period <input type="text" value="320.23"/>		<b>Transaction ID:</b> LS00914.E33494	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="320.23"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Minnesota Department Of Transportation			Nature of Debt (Purpose): Transportation
Mailing Address 395 John Ireland Blvd MS 215			
City Saint Paul	State MN	ZIP Code 55115-	

Outstanding Balance Beginning This Period <input type="text" value="230.98"/>		<b>Transaction ID:</b> LS00914.E33495	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="230.98"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Mall of America			Nature of Debt (Purpose): Party Rent/Non-Candidate
Mailing Address 5000 Center Ct			
City Bloomington	State MN	ZIP Code 55425-	

Outstanding Balance Beginning This Period <input type="text" value="2051.83"/>		<b>Transaction ID:</b> LS01019.E33907	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2051.83"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="551.21"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 112 / 121
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Cabling Services Corp	Nature of Debt (Purpose): Internet Services
Mailing Address 6901 E. Fish Lake Road, Suite 104	
City State ZIP Code Maple Grove MN 55369-	

Outstanding Balance Beginning This Period 1524.73	<b>Transaction ID:</b> LS01018.E33879	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1524.73

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Jimmys Catering	Nature of Debt (Purpose): Food & Beverages-Non-Candidate
Mailing Address 3565 Labore Rd	
City State ZIP Code Saint Paul MN 55110-	

Outstanding Balance Beginning This Period 546.34	<b>Transaction ID:</b> LS01018.E33882	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 546.34

1) <b>SUBTOTALS</b> This Period This Page (optional).....	2071.07
2) <b>TOTALS</b> This Period (last page this line number only).....	469771.42
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	221243.08
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	691014.50

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota

NAME OF ACCOUNT  
 Minnesota Republica  
 Party 525 Park St

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 1 0 / 0 7 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

23810.46

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

23810.46

Transaction ID: H300727.C855510

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) \_\_\_\_\_

Transaction ID:

b) \_\_\_\_\_

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) \_\_\_\_\_

Transaction ID:

b) \_\_\_\_\_

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

23810.46

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred) .....

23810.46

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A. Full Name (Last, First, Middle Initial)</b> Cardinals FEC Compliance Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 791 Holly Ave   Suite 300			Allocated Activity or Event Year-To-Date 695035.62		
City   State   Zip Code St Paul   MN   55104-	Category/ Type		Date <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 07 / 2010		
Purpose of Disbursement: FEC Compliance Services			Transaction ID: H401012.E33805		
Activity or Event Identifier: ADMINISTRATION B 411					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1484.31		8411.09		9895.40

<b>B. Full Name (Last, First, Middle Initial)</b> Diginer Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 154 PO Box 1575			Allocated Activity or Event Year-To-Date 720893.20		
City   State   Zip Code Minneapolis   MN   55480-	Category/ Type		Date <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 13 / 2010		
Purpose of Disbursement: Software Consulting			Transaction ID: H401019.E33888		
Activity or Event Identifier: ADMINISTRATION B 411					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
866.25		4908.75		5775.00

<b>C. Full Name (Last, First, Middle Initial)</b> Alliance Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 444 Cedar St			Allocated Activity or Event Year-To-Date 670138.55		
City   State   Zip Code Saint Paul   MN   55101-2179	Category/ Type		Date <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 07 / 2010		
Purpose of Disbursement: Interest Payment on Loan			Transaction ID: H401019.E33894		
Activity or Event Identifier: ADMINISTRATION B 411					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
127.92		724.85		852.77

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2478.48		14044.69		16523.17

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota

**A. Full Name (Last, First, Middle Initial)**  
Verizon Wireless

Mailing Address  
P.O. Box 790422

City State Zip Code  
St. Louis MO 63179-

Purpose of Disbursement:  
Party Telephone Expense

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 411

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

704525.36

Date 10 / 12 / 2010

Transaction ID: H401019.E33900

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
365.69		2072.22		2437.91

**B. Full Name (Last, First, Middle Initial)**  
Paychex

Mailing Address  
1210 Northland Dr Ste 100

City State Zip Code  
Saint Paul MN 55120-1181

Purpose of Disbursement:  
Payroll Processing Fees

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 411

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

707803.15

Date 10 / 12 / 2010

Transaction ID: H401019.E33906

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.57		473.56		557.13

**C. Full Name (Last, First, Middle Initial)**  
Mall of America

Mailing Address  
5000 Center Ct

City State Zip Code  
Bloomington MN 55425-

Purpose of Disbursement:  
Party Rent/Non-Candidate

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 411

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

702087.45

Date 10 / 08 / 2010

Transaction ID: H401019.E33907

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
307.77		1744.06		2051.83

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
757.03		4289.84		5046.87

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A. Full Name (Last, First, Middle Initial)</b> Hub Properties Trust			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Reit Management Research 330 2nd. Ave. S Suite 110			Allocated Activity or Event Year-To-Date 683980.91		
City Minneapolis	State MN	Zip Code 55401-	Date MM / DD / YYYY 10 / 07 / 2010		
Purpose of Disbursement: Office Rent			Transaction ID: H401019.E33908		
Activity or Event Identifier: ADMINISTRATION B 411					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2076.35		11766.01		13842.36

<b>B. Full Name (Last, First, Middle Initial)</b> Diginer Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 154 PO Box 1575			Allocated Activity or Event Year-To-Date 700035.62		
City Minneapolis	State MN	Zip Code 55480-	Date MM / DD / YYYY 10 / 08 / 2010		
Purpose of Disbursement: Software Consulting			Transaction ID: H401019.E33912		
Activity or Event Identifier: ADMINISTRATION B 411					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
750.00		4250.00		5000.00

<b>C. Full Name (Last, First, Middle Initial)</b> SMD Copy Systems			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 6520 W Lake St			Allocated Activity or Event Year-To-Date 666198.22		
City Minneapolis	State MN	Zip Code 55408-	Date MM / DD / YYYY 10 / 05 / 2010		
Purpose of Disbursement: Equipment Maintenance			Transaction ID: H401019.E33921		
Activity or Event Identifier: ADMINISTRATION B 411					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
190.21		1077.87		1268.08

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3016.56		17093.88		20110.44

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A. Full Name (Last, First, Middle Initial)</b> SMD Telecom			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 6520 W Lake St			Allocated Activity or Event Year-To-Date 669041.70		
City Minneapolis	State MN	Zip Code 55426-	Date M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0		
Purpose of Disbursement: Party Telephone Expense			Transaction ID: H401019.E33922		
Activity or Event Identifier: ADMINISTRATION B 411					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
426.52		2416.96		2843.48

<b>B. Full Name (Last, First, Middle Initial)</b> Auto-owners Insurance			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 161 Saint Anthony Ave Ste 950			Allocated Activity or Event Year-To-Date 663360.14		
City Saint Paul	State MN	Zip Code 55103-2341	Date M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0		
Purpose of Disbursement: Workers Comp Ins			Transaction ID: H401019.E33924		
Activity or Event Identifier: ADMINISTRATION B 411					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
73.15		414.51		487.66

<b>C. Full Name (Last, First, Middle Initial)</b> Auto-owners Insurance			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 161 Saint Anthony Ave Ste 950			Allocated Activity or Event Year-To-Date 669285.78		
City Saint Paul	State MN	Zip Code 55103-2341	Date M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0		
Purpose of Disbursement: General Liability Insurance			Transaction ID: H401019.E33925		
Activity or Event Identifier: ADMINISTRATION B 411					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.61		207.47		244.08

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
536.28		3038.94		3575.22

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A. Full Name (Last, First, Middle Initial)</b> Visi Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 10290 West 70th Street			Allocated Activity or Event Year-To-Date 664930.14		
City Eden Prairie	State MN	Zip Code 55344-	Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0		
Purpose of Disbursement: Party Computer Services			Transaction ID: H401019.E33928		
Activity or Event Identifier: ADMINISTRATION B 411					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
235.50		1334.50		1570.00

<b>B. Full Name (Last, First, Middle Initial)</b> Paychex			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1210 Northland Dr Ste 100			Allocated Activity or Event Year-To-Date 684922.06		
City Saint Paul	State MN	Zip Code 55120-1181	Date M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0		
Purpose of Disbursement: SEE BELOW: Non-FEA Salary			Transaction ID: H401019.E33935		
Activity or Event Identifier: ADMINISTRATION B 411					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
141.17		799.98		941.15

<b>C. Full Name (Last, First, Middle Initial)</b> Paychex			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1210 Northland Dr Ste 100			Allocated Activity or Event Year-To-Date 685140.22		
City Saint Paul	State MN	Zip Code 55120-1181	Date M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0		
Purpose of Disbursement: SEE BELOW: Non-FEA Payroll Taxes			Transaction ID: H401019.E33936		
Activity or Event Identifier: ADMINISTRATION B 411					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.72		185.44		218.16

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
409.39		2319.92		2729.31

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

**A. Full Name (Last, First, Middle Initial)**  
Internal Revenue Service  
**Mailing Address**  
P.O. BOX 43251  
**City** Ogdens **State** UT **Zip Code** 84201-0001  
**Purpose of Disbursement:**  
ITEMIZE: Non-FEA Payroll Taxes  
**Activity or Event Identifier:**  
ADMINISTRATION B 411  
**[MEMO ITEM] ITEMIZE: Non-FEA Payroll Taxes**

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
191.51  
**Date** 10 / 07 / 2010  
**Transaction ID:** H401019.E33940

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.73		162.78		191.51

**B. Full Name (Last, First, Middle Initial)**  
MN Dept of Revenue  
**Mailing Address**  
658 Cedar St Ste 400  
**City** Saint Paul **State** MN **Zip Code** 55155-1603  
**Purpose of Disbursement:**  
ITEMIZE: Non-FEA Payroll Taxes  
**Activity or Event Identifier:**  
ADMINISTRATION B 411  
**[MEMO ITEM] ITEMIZE: Non-FEA Payroll Taxes**

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
26.65  
**Date** 10 / 07 / 2010  
**Transaction ID:** H401019.E33943

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.00		22.65		26.65

**C. Full Name (Last, First, Middle Initial)**  
Barbara Linert  
**Mailing Address**  
4282 Braddock Trl  
**City** Eagan **State** MN **Zip Code** 55123-1941  
**Purpose of Disbursement:**  
ITEMIZE: Non-FEA Salary  
**Activity or Event Identifier:**  
ADMINISTRATION B 411  
**[MEMO ITEM] ITEMIZE: Non-FEA Salary**

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
941.15  
**Date** 10 / 07 / 2010  
**Transaction ID:** H401020.E33977

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
141.17		799.98		941.15

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

<b>A. Full Name (Last, First, Middle Initial)</b> Fundraising Associates			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 7705 Tanglewood Ct			Allocated Activity or Event Year-To-Date 714514.80	
City Minneapolis	State MN	Zip Code 55439-	Category/ Type	
Purpose of Disbursement: Party Fundraising Consulting Svcs				
Activity or Event Identifier: ADMINISTRATION B 411			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <span style="font-size: x-small;">1 0 / 1 3 / 2 0 1 0</span>	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1006.75		5704.90		6711.65

<b>B. Full Name (Last, First, Middle Initial)</b> Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 790422			Allocated Activity or Event Year-To-Date 707246.02	
City St. Louis	State MO	Zip Code 63179-	Category/ Type	
Purpose of Disbursement: Party Telephone Expense				
Activity or Event Identifier: ADMINISTRATION B 411			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <span style="font-size: x-small;">1 0 / 1 2 / 2 0 1 0</span>	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
408.10		2312.56		2720.66

<b>C. Full Name (Last, First, Middle Initial)</b> Diginer Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 154 PO Box 1575			Allocated Activity or Event Year-To-Date 715118.20	
City Minneapolis	State MN	Zip Code 55480-	Category/ Type	
Purpose of Disbursement: Software Consulting				
Activity or Event Identifier: ADMINISTRATION B 411			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <span style="font-size: x-small;">1 0 / 1 3 / 2 0 1 0</span>	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.38		478.12		562.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1499.23		8495.58		9994.81

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota

A. Full Name (Last, First, Middle Initial)  
Paysimple Inc.

Mailing Address  
1433 17th Street Suite 300

City State Zip Code  
Houston TX 77070-

Purpose of Disbursement:  
Credit Card Processing Fees

Activity or Event Identifier:  
ADMINISTRATION B 411

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

714555.70

Date 10 / 13 / 2010

Transaction ID: H401223.E34959

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.14		34.76		40.90

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.14		34.76		40.90

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
8703.11	49317.61	58020.72