

2010 JUN 10 AM 11:23

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Eighth Congressional District Republican Party of Minnesota

ADDRESS (number and street)

303 Douglas Avenue

Check if different than previously reported. (ACC)

Eveleth

MN

55734

1511

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00361485

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

X

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

05 / 01 / 2010

through

05 / 31 / 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ronald L. Britton

Signature of Treasurer

Date

06 / 09 / 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X

Rev. 12/2004

10030344617

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Eighth Congressional District Republican Party of Minnesota

Report Covering the Period: From:

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

 To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	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).....

5 0 1 0

5 1 6 8 6

(ii) Unitemized

5 0 0 0

1 4 4 6 8 4 8

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

1 0 0 1 0

1 4 9 8 5 3 4

(b) Political Party Committees

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1 0 0 1 0

1 4 9 8 5 3 4

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

4 9 9 8 4

4 9 9 8 4

13. All Loans Received

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

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

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

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

5 9 9 9 4

1 5 4 8 5 1 8

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

5 9 9 9 4

1 5 4 8 5 1 8

1003034619

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	7 2 1 8 2	7 8 5 8 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7 2 1 8 2	7 8 5 8 0 0
22. Transfers to Affiliated/Other Party Committees.....		2 8 7 5 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5 0 0 0 0 0	5 0 0 0 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5 7 2 1 8 2	1 5 7 3 3 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5 7 2 1 8 2	1 5 7 3 3 0 0

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1 1 8 8 9 2 3	1 4 8 8 5 2 4
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1 1 8 8 9 2 3	1 4 8 8 5 2 4
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2 6 3 5 7 3	7 1 3 6 1 8
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2 6 3 5 7 3	7 1 3 6 1 8

10030344621

**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 1 OF 1

<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Eighth Congressional District Republican Party of Minnesota

<p>Full Name (Last, First, Middle Initial) A. Britton, Ronald L.</p> <p>Mailing Address 303 Douglas Avenue</p> <p>City Eveleth State MN Zip Code 55734</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5 1 6 8 6</p>		<p>Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0</p> <p>Amount of Each Receipt this Period 2 0 6 0</p> <p>Contribution In-Kind - FEC report postage</p>
<p>Full Name (Last, First, Middle Initial) B. Britton, Ronald L.</p> <p>Mailing Address 303 Douglas Ave</p> <p>City Eveleth State MN Zip Code 55734</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5 1 6 8 6</p>		<p>Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0</p> <p>Amount of Each Receipt this Period 2 9 5 0</p> <p>Contribution in kind - Phone book listing</p>
<p>Full Name (Last, First, Middle Initial) C. Isanti County Republican Party of Minnesota</p> <p>Mailing Address 31840 Lakeway Dr NE</p> <p>City Cambridge State MN Zip Code 55008</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Materials & postage for mailing</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 1 0</p> <p>Amount of Each Receipt this Period 4 9 9 8 4</p>
<p>SUBTOTAL of Receipts This Page (optional).....▶</p> <p>TOTAL This Period (last page this line number only).....▶</p>		<p>5 4 9 9 4</p> <p>5 4 9 9 4</p>

10030344622

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 1 OF 3	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

A. Full Name (Last, First, Middle Initial) Britton, Ronald L.		Date of Disbursement MM / DD / YYYY 05 / 10 / 2010
Mailing Address 303 Douglas Ave		Amount of Each Disbursement this Period 26843
City Eveleth	State MN	
Zip Code 55734	Purpose of Disbursement Office Rent - 2 months & reimbursement for envelopes	Category/ Type 001
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

B. Full Name (Last, First, Middle Initial) Britton, Ronald L.		Date of Disbursement MM / DD / YYYY 05 / 12 / 2010
Mailing Address 303 Douglas Ave		Amount of Each Disbursement this Period 2060
City Eveleth	State MN	
Zip Code 55734	Purpose of Disbursement Contribution in kind - Postage FEC report	Category/ Type 001
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

C. Full Name (Last, First, Middle Initial) Britton, Ronald L.		Date of Disbursement MM / DD / YYYY 05 / 18 / 2010
Mailing Address 303 Douglas Ave		Amount of Each Disbursement this Period 2950
City Eveleth	State MN	
Zip Code 55734	Purpose of Disbursement Contribution in kind - Phone book listing	Category/ Type 001
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	31853
TOTAL This Period (last page this line number only).....▶	

10030344623

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE 2 OF 3		
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) A. Knutson, Greg		Date of Disbursement MM / DD / YYYY 05 / 11 / 2010
Mailing Address 321 Brandon Road		Amount of Each Disbursement this Period 1 4 6 1 6
City Hoyt Lakes	State Zip Code MN 55750	
Purpose of Disbursement Lanyards and badge holders for convention		Category/Type 0 0 1
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:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/Type
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/Type
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	1 4 6 1 6
TOTAL This Period (last page this line number only).....▶	

10030344624

**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 3 OF 3

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A.

Cravaack for Congress Campaign Committee

Mailing Address

6448 Main St

City

North Branch

State

MN

Zip Code

55734

Purpose of Disbursement

Contribution to candidate

Candidate Name

Chip Cravaack

0 1 1

Category/
Type

Office Sought:

House

Senate

President

State: **MN**

District: **8**

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

0 5 / 2 9 / 2 0 1 0

Amount of Each Disbursement this Period

5 0 0 0 0 0

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

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

5 0 0 0 0 0

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

5 4 6 4 6 9

1003034625

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked
6/9/10

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER
(3/2005)

6/10/10

DATE PREPARED

10030344626