RECEIVED FEC MAIL CENTER

2016 JUL 20 ATT 10:09

FEC FORM 3X

2016:07:20:0M:000000009

REPORT OF RECEIPTS **AND DISBURSEMENTS**

	01111	. 07	•	or Otnei	r inan An A	utnorize	Commi	nee			Office	Use Only	
	NAME C)F TEE (in f		TYPE OR	PRINT ▼		ample: If typer the lines.	oing, type		ĭžFĚ	4MŠ		
<u>ر :</u>	124-RPM Republican Party of Minnesota												
ADD ▼	Che thar	number and eck if diffe n previous orted. (AC	rent lly	الس	SI Maci	,			<u></u>	M' M	 SiSi		-151515181
2.	FEC ID	ENTIFIC <i>I</i>	ATION NL	JMBER ▼		CITY 🛦			ST	ATE 🛦		ZIP CC	DDE A
	Co	စမို သို့ ၊	ĬŘŠ		3.	IS THIS REPORT	Z.	NEW (N)	OR		AMENDEI (A))	
4.	(Choose	urterly Rep		Due	oort e On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 Jun 20 Jul 20 ((M6)		Aug 20 (M8 Sep 20 (M9 Oct 20 (M10		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
		October	Report (Q 15 Report (Q		12-Day PRE-Election Report for the	e: []	Primary (1:				neral (12G)	<u></u>	Runoff (12Å)
		January : Year-End	31 Report (Y	E)	Ele	ection on						in the State	11 11
		Year Onl	lon-election y) (MY)	n (d)	30-Day POST-Electio Report for the	زبیا	General (3	0G)		Run	off (30R)		Special (30S)
		Terminati (TER)	on Report		Ele	ection on	M M	/ TT 4 T] ′ [[~ <u>~</u> ~		in the State	11 11
5.	Covering	Period	[M]	<u> </u>	1 20	16	through	7	5.6	گ	٥ / كرو	1.6.	
				-	and to the bes	t of my kno	`		is true,	correc	t and comp	lete.	-
туре	Or Print	i Name of	Treasure		<u>lmes</u>	_ > _(_a <u>.r\$</u> 6	<u></u>					
Sign	ature of	Treasurer	_) a	m6 (<u>}.(</u>	arg	_	Dat	e [07	5	20,6
NOT	E: Subm	ssion of fa	alse, errone	eous, or inc	omplete inform	ation may s	ubject the p	erson sigr	ning this	Report	to the pena	lties of 52	2 U.S.C. § 30,109.
	ļυ	fice se									FE	C FOF Rev. 12/2	RM 3X 2004

SUMMARY	PAGE
OF RECEIPTS AND DIS	SRUBSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2				
Write or Type Committee Name						
CD4-RPM Republican Pasty of Minnesota						
Report Covering the Period: From: Old / Dold To: To: Old / 3.0 / 7.7.7.7.						
	COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6. (a) Cash on Hand January 1,						
(b) Cash on Hand at Beginning of Reporting Period	226.25					
(c) Total Receipts (from Line 19)	7,246,52	7,246,52				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7,47,27,7	7,47,2,7,7				
7. Total Disbursements (from Line 31)	6.4.1.7.3	6,4,117.3				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,061,04	[,				
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)						
This committee has qualified as a multicandidate committee. (see FEC FORM 1M)						
For further information contact:						

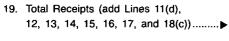
Federal Election Commission 999 E Street, NW Washington, DC 20463

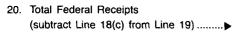
Toll Free 800-424-9530 Local 202-694-1100

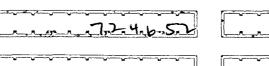
DETAILED SUMMARY PAGE

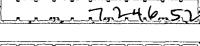
of Receipts

FEC Form 3X (Rev. 02/2003) Page 3 Write or Type Committee Name <u>ს</u> (To: Report Covering the Period: From: 0.6 3.0 **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees Other Political Committees (such as PACs)..... Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))..









DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B
21.	Operating Expenditures:	Total Tills Feriod	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	19 —	3 -
	()		
	(ii) Non-Federal Share	0.000	2 2 0 2 2 0 2 2 0 7
	(b) Other Federal Operating		
	Expenditures	20/18	20118
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	201-(3)	
22.	Transfers to Affiliated/Other Party Committees	000	
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees	5,0,0,0,0,0,0	5 2 2 2 0 0 0 0
24.	Independent Expenditures		
	(use Schedule E)	0 00	0
25.	Coordinated Party Expenditures (52 U.S.C. § 30116(d))		
	(use Schedule F)		
26.	Loan Repayments Made	[
07	Loans Made	(000	
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	000	8 -
	•		
	(b) Political Party Committees	0.00	0,-
	(c) Other Political Committees		
	(such as PACs)	<u></u>	
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	000	0 -
29.	Other Disbursements	1,240.55	1210.55
30.	Federal Election Activity (52 U.S.C. § 30101(2	20))	
	(a) Allocated Federal Election Activity	·	
	(from Schedule H6) (i) Federal Share	(2)	
	(i) i ederal Ghare		
	(ii) "Levin" Share	0 -	0 -
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0 -	0 -
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31	Total Disbursements (add Lines 21(c), 22,		
٠	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1 11 1 7 7 7	1-4-1-2
		Lange Bryald w/27	Les Theles
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	6.4.1.7.3	641173

DETAILED SUMMARY PAGE

of Disbursements

Page 5

FEC Form 3X (Rev. 02/2003) COLUMN A COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:					PAGE	:	Ĺ) -	
(check only one)									
V	11a		11b		11c		12		
	13 ⁻		14		15		16		17
				_					_

						L	13 ⁻	14	15	16	17
	ny information copied from such Reports and S for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)							-			
2	CD4-RPM Repu	Hican	Part	10	Mi	Δ Υ	ان ره	<u> </u>			
Α.	Full Name (Last, First, Middle Initial)			' 1			Date of	f Receipt			
Α.	Mailing Address					\dashv		•	1677 / [CVT	~~~~	7 77
	City	State	Zip Code			-					
		-				-	Amoun		Receipt this		
	FEC ID number of contributing federal political committee.	C	<u> </u>	^				<u>.n. 455 .n</u>			
	Name of Employer	Occupation					М	emo Item			
	Receipt For:	Aggregate	Year-to-Date \	7		\dashv					
	Primary General		 j			7					
	Other (specify) ▼	<u></u>	<u> </u>		_^						
В.	Full Name (Last, First, Middle Initial)						Date o	f Receipt			
	Mailing Address						MM	· ·	· / [*	**** ***	
	City	State	Zip Code				A	الله			جا ــــــ
	EEC ID number of contributing						Amoun		Receipt this		
	FEC ID number of contributing federal political committee.	C	<u></u>			ŀ		<u></u>	<u></u>		
	Name of Employer	Occupation	1				M	emo Item			
	Receipt For:	Aggregate	Year-to-Date ▼	7		\dashv					
	Primary General		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			7					
	Other (specify) ▼		<u> </u>	<u> </u>	Δ.,						
<u>с.</u>	Full Name (Last, First, Middle Initial)						Date o	f Receipt			
	Mailing Address						M Y M		ر <u>م</u> ر	**************************************	•
	City	State	Zip Code				A		Bassist this		= 4
	FEC ID number of contributing		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		$\overline{}$	\dashv			Receipt this		-
	federal political committee.	C		^						<u></u>	
	Name of Employer	Occupation	l			\exists	[] M	lemo Item			
	Receipt For:	Aggregate	Year-to-Date \	7		\dashv					
	Primary General					ן ור					
	Other (specify)		<u> </u>		_43_4]		•			
Γ								~~ ~			-
Ľ	SUBTOTAL of Receipts This Page (optional)			•••••	······)	<u> </u>		<u></u>		برانسالسال د جمعهداد	لب
Ι,	FOTAL This Period (last page this line number	only)					N	- u - u			-

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				NUMBER: PAGE OF						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	i (ch		only o	22	23		24 [25		26
			_	27	28a	281		28c	7 29		30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar											;
NAME OF COMMITTEE (In Full)			١								
CD4-RPM Do	sublican Par	44	J	N	linne	اند	4				
Full Name (Last, First, Middle Initial)	1					Disbur	seme	nt			
Food Shelt at HO	2MC				M M	7 / [0	ם י	سَمَاً ، [براري	Y	
Mailing Address 701 Pauls Av					0	la	<u>L7</u>)	2	016	2	
City	State Zip Code SSHIS										
Purpose of Disbursement			~~-								
Candidate Name		Cate			Amount	of Eac	h Dis	burseme	ent this	Perio	ig Di
,		Ty				<u></u>	.Jr	_,.6	00.	<u>, Z</u>	5
Office Sought: House Disburse Senate	ment For: - Primary				П м	emo Ite	m				
President State: District:	Other (specify) ▼										
Full Name (Last, First, Middle Initial)											
B. Century Calle	a de				Date of	Disbur	seme	nt 1 : rass			
Mailing Address	3			\exists	704] 2	ے۔	2	0/(ص	
City Century	State Zip Code			-							
Purpose of Disbursement	MN ,55110)							•		
Facility	Reida	0.0		2	Amoun	t of Eac	h Dis	burseme	ent this	Perio	od
Candidate Name	'	Cate		<i> </i>				.,6	<u>/o.</u>	ුව	0
Office Sought: House Disburse Senate	ment For: Primary General				M	emo Ite	m				
President	Primary General Other (specify)										
State: District: Full Name (Last, First, Middle Initial)	<u> </u>				_						
C.					Date o	f Disbur	seme	ent			
Mailing Address					WW	/ [0	م ہ	1, [14.54.		í
	State Zip Code										
•	State Zip Code										
Purpose of Disbursement		 -		7]	Amoun	t of Far	h Dis	sbursem	ent this	Perio	od .
Candidate Name		Cate	gory	,						,	
Office Sought: House Disburse	ment For:	Ту	he	\dashv		<u>* 92</u>	بير	<u></u>	<u></u>	<u></u> *	
Senate President	Primary General Other (specify) ▼				ШМ	emo Ite	m				
State: District:						<u> </u>					
SUBTOTAL of Disbursements This Page (optional).				.							

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

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		24 25 26 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used ne and address of any political	by any perso committee to	n for the purpose solicit contribution	of soliciting contributions as from such committee.
NAME OF COMMITTEE (In Full) CD4-RPM Rep	ublican Poute	. 0	105600	1
Full Name (Last, First, Middle Initial)	wagein Fawie	7 06	VIINY	
A. Friends 2 6 R	yan		Date of Disburs	Sement \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address PO Bux 13050	(05 2	4 20,6
Roseville MN	State Zip Code			
Purpose of Disbursement Candidate Name On the Dust UM	e Pamary)	2.1.	Amount of Eac	h Disbursement this Period
Grey Ryan	17	Category/ Type		. 4,000.83
Office Sought: Heuse Disburser Senate President	nent For: Primary General Other (specify) ▼		Memo Itel	m
State: MN District:				
B. Friends L	. Q		Date of Disburs	sement
Mailing Address POB 130 5	501		06	2016
Purpose of Disbursement Candidate Name Candidate Name	State Zip Code N 55/17	O () Category/	Amount of Eac	h Disbursement this Period
Office Sought: House Disburser Senate President State: MN District:	nent For: Primary General Other (specify)	Type	Memo Iter	n
Full Name (Last, First, Middle Initial) C.	- ""		Date of Disbur	sement
Mailing Address			M 7 M / D	
City	State Zip Code			
Purpose of Disbursement	1		Amount of For	sh Dishussament this Dady
Candidate Name		Category/ Type	Amount of Eac	th Disbursement this Period
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	i ype	Memo Ite	
SUBTOTAL of Disbursements This Page (optional)		·····	392	
TOTAL This Period (last page this line number only))			

SCHEDULE C	(FEC	Form	3X)
LOANS			

PAGE OF Use separate schedule(s) for each category of the FOR LINE 13 OF FORM 3X Detailed Summary Page NAME OF COMMITTEE (In Full) Primary General Other (specify) ▼ Mailing Address City State ZIP Code Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan TERMS Date Incurred Date Due Interest Rate D_A.D. Yes % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address **Amount** Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... TOTALS This Period (last page in this line only)..... 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-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page ____ of Schedule C

Federal	Election Commission, Washington, D.C. 20463	rage of Schedule C	
NAME	OF COMMITTEE (In Full)	·········	FEC IDENTIFICATION NUMBER
	CD4-RPM Republican	Party of Minns	te C00.6.2/185
LENDI	NG INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Na	ame		
	NA	<u></u>	<u></u>
Mailing	Address	1	المحمد معار المحمار
		Date Incurred or Established	
<u> </u>			[MAM] \ [DAD] \ [AAAAAA]
City	State Zip Code	Date Due	
	Has loan been restructured? No Yes	If yes, date originally incurred	d [MAM] , [DAD] , [AAAAAA]
ļ			
B.	If line of credit,	Total Outstanding	
	Amount of this Draw:	Balance:	
C.	Are other parties secondarily liable for the debt incurre		
<u> </u>	No Yes (Endorsers and guarantors mu	ust be reported on Schedule C.)	
D.	Are any of the following pledged as collateral for the		What is the value of this collateral?
- [property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other		
		Similar traditional conditions.	
	No Yes If yes, specify:		Does the lender have a perfected security
			interest in it? No Yes
E.	Are any future contributions or future receipts of interest	est income, pledged as	What is the estimated value?
	collateral for the loan? No Yes If yes, s	specify:	
		1	
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	·
	•	Address:	
	Date account established:	V. (3.0.000)	
		City, State, Zip:	
	If neither of the types of collateral described above wa	as pledged for this loan, or if the	amount pledged does not equal or exceed
' '	the loan amount, state the basis upon which this loan		
- 1			
	COMMITTEE TREASURER		DATE
ام.	Typed Name		DATE
	Signature		- Marmal / Largal / Largardard
	-9.4.4		
Н.	Attach a signed copy of the loan agreement.		
1.	TO BE SIGNED BY THE LENDING INSTITUTION:		,
- [I. To the best of this institution's knowledge, the te	erms of the loan and other inforn	nation regarding the extension of the loan
- 1	are accurate as stated above. II. The loan was made on terms and conditions (in	ioludina interest rate) no moro fe	wordhio at the time than these improved for
- }	similar extensions of credit to other borrowers of	f comparable credit worthiness.	ivorable at the time than those imposed for
	III. This institution is aware of the requirement that	a loan must be made on a basi	s which assures repayment, and has
ALITH	complied with the requirements set forth at 11 CORIZED REPRESENTATIVE	FH 100.82 and 100.142 in mak	
1	d Name		DATE
Signa		tle	- Level / Level / Level
J	111		

SCHEDULE D (FEC Form 3X)	(Use separate	PAGE OF		
DEBTS AND OBLIGATIONS	•	schedule(s)	FOR LINE NUMBER:	
Excluding Loans		for each numbered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)		1		
CD4-RPM Re	nd tran Pouty	1 Minr	esta	
A. Full Name (Last, First, Middle Initial) of Det	or or Creditor (Nature of D	lebt (Purposė):	
A A				
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period		<u> </u>		
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
Amount incurred this relied	1 ayılıcılı (filis Fellou	Outstandin		
			<u> </u>	
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	lebt (Purpose):	
	•	·		
Mailing Address				
Walling Addition				
City State	Zip Code			
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
Amount moduled this t clod	Taymon Tills Follow		The Datable at Close of This Tends	
			<u></u>	
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	Pebt (Purpose):	
Mailing Address				
Maining Address				
City	State Zip Code			
Outstanding Balance Beginning This Period	.,			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
	The state of the s		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
			<u> </u>	
1) SUBTOTALS This Period This Page (optional).		>	<u> </u>	
2) TOTALS This Period (last page this line number	er only)	>	472-1-12-12-12-12-12-12-12-12-12-12-12-12-	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	7	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page or	nly) ▶		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CD4-RPM Landt can Pauty of MN Check if 24-hour report 48-hour report New report Amends report filed	on FEC IDENTIFICATION NUMBER V
Full Name of Payee	Date of Public Distribution/Dissemination Amount Date of Disbursement or Obligation
Calendar Year-To-Date Disbut	Sought: House District: President Senate State: General
Per Election for Office Sought Full Name of Payee	Other (specify) Date of Public Distribution/Dissemination Amount
City State Zip Code Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Oppose	Sought:
(a) SUBTOTAL of Itemized Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. Date	de in cooperation, consultation, or concert, or (if the reporting entity is not a political

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY

POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE OF FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Check if 24-hour notice coordinated expenditures by a political party committee? YES □ NO Mailing Address If YES, name the designating committee: ZIP Code City State Memo Item Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Туре Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount District: Senate Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee ☐ Memo Item Purpose of Expenditure Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
CDY-RPM Republican Pruty of Minnesoter
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below.
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate ratio below. Federal

SCHEDULE H2 (FEC Form 3X)		
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full) CD4-RPM Donublican	Party 11	Mmoste
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.		
Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received methexpenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accombined where the federal proportion of disbursements is based on the benefit.	rding to benefit expected	to be derived,
tivity. For PACs Only: Direct candidate support includes public comm federal and nonfederal candidates, regardless of whether there is a reallocated using a time/space method.	nunications or voter drive	s that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	<u> </u>	%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	<u> </u>	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	 %	%

SCHEDULE H3 (FEC Form 3X)	F-12-
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY	PAGE OF
ALLOCATED TEDETIAL / NON EDETIAL ACTIVITY	FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full) CD4-RPM Republican Penty	1 M me ota
NAME OF ACCOUNT DATE OF RECEIPT TOTAL	AMOUNT TRANSFERRED
MAM , BAB , LANARAM LANARAM	
BREAKDOWN OF TRANSFER RECEIVED	
i) Total Administrative	
ii) Generic Voter Drive	,
iii) Exempt Activities	53
iv) Direct Fundraising (List Activity or Event Identifier)	
a)	
b)	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a)	
b)	
c) Total Amount Transferred For Direct Candidate Support	<u> </u>
vi) Public Communications Referring Only to Party (Made by PAC)	9
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	<u> </u>
TOTAL This Period (Direct Candidate Support)	222
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF	-
FOR LINE 21a OF FORM 3X	-
_	

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

o be useu i	by State, District and Loca	ai Party Committee	es Only)		FOR LINE 18b OF FORM 3X
NAME OF CO	MMITTEE (In Full)	~ ^		1	A :
	CD4-RPM	Dent	Gran Va	ty d	Mmista
NAME OF A	CCOUNT	DATE OF RECEIPT	, [[TOTAL AM	OUNT TRANSFERRED
		/			
BREAKDOV	VN OF THIS TRANSFER				Δ
i)	Voter Registration		VOTER REGISTR	NATION /	
	Total Amount Transferred for Vote	er Registration		(
ii)	Voter ID		V	OTER ID	3
	Total Amount Transferred for Vote	er ID		<u> </u>	ليميا
iii)	GOTV		<u> </u>	GOTV	
	Total Amount Transferred for GO	rv		<u> </u>	
iv)	Generic Campaign Activity		Į ,	GENERIC CAN	MPAIGN ACTIVITY
	Total Amount Transferred for Gen	eric Campaign Activity		_^	
NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AM	OUNT TRANSFERRED
		[M~M] / [D~D]	١ [محمممم]		
BREAKDOV	VN OF THIS TRANSFER				- 1 \
i)	Voter Registration	[-	VOTER REGISTR	MATION	
	Total Amount Transferred for Vote	er Registration	-^>>	<u></u>	
ii)	Voter ID		<u></u>	OTER ID	
	Total Amount Transferred for Vote	er ID			
iii)	GOTV			GOTV	
	Total Amount Transferred for GO	rv		<u> </u>	
iv)	Generic Campaign Activity			GENERIC CAN	MPAIGN ACTIVITY
	Total Amount Transferred for Gen	eric Campaign Activity		<u>, ^ _ ^ _ 692 ^ _ ^</u>	
					· · · · · · · · · · · · · · · · · · ·
	TOTALS FOR B	REAKDOWN OF TRANS	SFER RECEIVED (L	ast Page Only)	
TOTAL	L This Period (Voter Registration)		- VVVV	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
IOIAL	- This i choo (voter riegistration)		<u> </u>	<u>~_~~</u>	
TOTAL	L This Period (Voter ID)			~ ~ ~ ~ · · · · · · · · · · · · · · · ·	_
				~	
TOTAL	This Period (GOTV)			<u> </u>	
TOTAL	This Period (Generic Compain	Activity)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
IOIAL	This Period (Generic Campaign	acuvity)		<u></u>	
TOTAL	This Period (Total Amount of Tra	nsfers Received)			
		•		[

PAGE

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE	30a OF FORM 3

NAME OF COMMITTEE (In Full)	Λ.	1 1
CD4-RPM Renthra	n Poute	1. Mimerte
A. Full Name (Last, First, Middle Initial) / Full Organization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address City State Zip Code		Allocated Activity or Event Year-To-Date
Purpose of Disbursement	Category/ Type	Date Date
FEDERAL SHARE + LEVIN SH		= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address City State Zip Code		Allocated Activity or Event Year-To-Date
State Zip Gode		
Purpose of Disbursement	Category/ Type	Date Date
FEDERAL SHARE + LEVIN SH	ARE	TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	<u></u>	Allocated Activity or Event Year-To-Date
City State Zip Code		592 - A - 672 - A - 673 - A
Purpose of Disbursement	Category/ Type	Date Date
FEDERAL SHARE + LEVIN SH	ARE	= TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SH	ARE	= TOTAL AMOUNT
	<u> </u>	l Lagrana de la
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) an FEDERAL SHARE	d Levin share to	30(a)(ii)) TOTAL AMOUNT
LEVIN SH	ARE	

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)						
NAM	NAME OF ACCOUNT CDY-RPM Rynthan Douty / Mmosta					
INTIN	NAIVIE OF ACCOUNT					
L		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE			
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)					
	(b) Unitemized					
	(c) Total					
2.	OTHER RECEIPTS					
3.	TOTAL RECEIPTS(Add Lines 1c and 2)					
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)					
	(a) Voter Registration					
	(b) Voter ID					
	(c) GOTV					
	(d) Generic Campaign					
5.	(e) Total					
5. 6.	TOTAL DISBURSEMENTS					
	(Add Lines 4e and 5)					
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)					
8.	RECEIPTS(trom Line 3)					
9.	SUBTOTAL(Add Lines 7 and 8)					
10.	DISBURSEMENTS					
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)					

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER:

OF

PAGE

(check only one) 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) Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period City State Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt В. Mailing Address Amount of Each Receipt this Period State City Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt ☐ Memo Item C. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBI	ER:	PAG	E	OF
(check only one)		4a 4b	4c 4d	5

OF LEVIN FUNDS	Ayyıeyali	on rage	4b4d
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add			
NAME OF COMMITTEE (In Full) CO4-RPM R		zen Pent	ty of Minnesoter
Full Name (Last, First, Middle Initial) / Full Organization Name A.	e1	☐ Memo Item	Date of Disbursement
Mailing Address	7000	NX	
City State Purpose of Disbursement	Zip Code		Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name B.	e	☐ Memo Item	Date of Disbursement
Mailing Address			
City State Purpose of Disbursement	Zip Code		Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name C.	e	☐ Memo Item	Date of Disbursement
Mailing Address City State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name D.	e	☐ Memo Item	Date of Disbursement
Mailing Address			
City State Purpose of Disbursement	Zip Code		Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Nam E.	e	☐ Memo Item	Date of Disbursement
Mailing Address			
City State Purpose of Disbursement	Zip Code		Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			42.1.12.1.12.1

FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

DATE OF DELIVERY SPECIFIED*

USPS TRACKING™ INCLUDED*

INSURANCE INCLUDED *

PICKUP AVAILABLE

* Domestic only

SED INTERNATIONALLY, TOWS DECLARATION - MAY BE REQUIRED.

10

999 E Street NW

This packaging is the property of the U.S. Postal Service® and is provided solely for use in sending Priority Mail® shipments. Misuse may be a violation of federal law. This packaging is not for resale, EPIAF ® U.S. Postal Service; July 2013; All rights reserved.

30463 Washington DC

F2C 3425 McKnigha RUN WBL MN SSND

LAYSON

FROM:

VISIT US AT USPS.COM®



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked 7/15/16
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	siness 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):	of Receipt or Postmarked
	1/20/16
(3/2015)	DATE PREPARED