

RECEIVED
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**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

CD4-RPM Republican Party of Minnesota

ADDRESS (number and street) 3425 McKnight Rd N

Check if different than previously reported. (ACC) White Bear Lake MN 55110-5558

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C0062185

3. IS THIS REPORT 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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M / D D / Y Y Y Y in the State of

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2016 through 06 / 30 / 2016

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 James B. Carson

Signature of Treasurer *James B. Carson* Date 07 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CD4-RPM Republican Party of Minnesota

Report Covering the Period: From:

M	M
01	01

 /

D	D
20	16

 To:

M	M
06	30

 /

D	D
20	16

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>2</td><td>6</td><td>.</td><td>2</td><td>5</td></tr></table>	2	2	6	.	2	5	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>2</td><td>6</td><td>.</td><td>2</td><td>5</td></tr></table>	2	2	6	.	2	5	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>2</td><td>6</td><td>.</td><td>2</td><td>5</td></tr></table>	2	2	6	.	2	5
2	2	6	.	2	5															
2	2	6	.	2	5															
2	2	6	.	2	5															
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>2</td><td>6</td><td>.</td><td>2</td><td>5</td></tr></table>	2	2	6	.	2	5													
2	2	6	.	2	5															
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>2</td><td>4</td><td>6</td><td>.</td><td>5</td><td>2</td></tr></table>	7	2	4	6	.	5	2	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>2</td><td>4</td><td>6</td><td>.</td><td>5</td><td>2</td></tr></table>	7	2	4	6	.	5	2				
7	2	4	6	.	5	2														
7	2	4	6	.	5	2														
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>4</td><td>7</td><td>2</td><td>.</td><td>7</td><td>7</td></tr></table>	7	4	7	2	.	7	7	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>4</td><td>7</td><td>2</td><td>.</td><td>7</td><td>7</td></tr></table>	7	4	7	2	.	7	7				
7	4	7	2	.	7	7														
7	4	7	2	.	7	7														
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>6</td><td>4</td><td>1</td><td>1</td><td>.</td><td>7</td><td>3</td></tr></table>	6	4	1	1	.	7	3	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>6</td><td>4</td><td>1</td><td>1</td><td>.</td><td>7</td><td>3</td></tr></table>	6	4	1	1	.	7	3				
6	4	1	1	.	7	3														
6	4	1	1	.	7	3														
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>0</td><td>6</td><td>.</td><td>0</td><td>4</td></tr></table>	1	0	6	.	0	4	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>0</td><td>6</td><td>.</td><td>0</td><td>4</td></tr></table>	1	0	6	.	0	4						
1	0	6	.	0	4															
1	0	6	.	0	4															
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>.</td><td>0</td></tr></table>	0	.	0																
0	.	0																		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>.</td><td>0</td></tr></table>	0	.	0																
0	.	0																		

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

CD4-RPM Republican Party of Minnesota

Report Covering the Period: From:

01 / 01 / 2016

To:

06 / 30 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized.....

7,246.52

7,246.52

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

7,246.52

7,246.52

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

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

7,246.52

7,246.52

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

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

7,246.52

7,246.52

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

7,246.52

7,246.52

REPRODUCTION PROHIBITED

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input 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)
CD4-RPM Republican Party of Minnesota

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

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

2010-01-01 09:00:00

**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)

PAGE OF

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

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NAME OF COMMITTEE (In Full)

CD4-RPM Republican Party of Minnesota

Full Name (Last, First, Middle Initial)

A.

Food Shelf at HCMC

Mailing Address

701 Park Ave

City

Minneapolis

State

MN

Zip Code

55415

Purpose of Disbursement

Catering

Candidate Name

0.12
Category/
Type

Date of Disbursement

MM ' DD ' YYYY
04 ' 27 ' 2016

Amount of Each Disbursement this Period

600.55

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Century College

Mailing Address

3300 Century Ave

City

White Bear Lake

State

MN

Zip Code

55110

Purpose of Disbursement

Facility Rental

Candidate Name

0.07
Category/
Type

Date of Disbursement

MM ' DD ' YYYY
04 ' 26 ' 2016

Amount of Each Disbursement this Period

610.00

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

MM ' DD ' YYYY

Amount of Each Disbursement this Period

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

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

2016-04-20 10:00:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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)
CD4-RPM Republican Party of Minnesota

A. Full Name (Last, First, Middle Initial)
Friends of G Ryan

Mailing Address
PO Box 130501

City
Roseville MN State Zip Code
55113

Purpose of Disbursement
Contribution (Pre Primary)

Candidate Name
Greg Ryan Category/Type
0.11

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: **MN** District: **4**

Date of Disbursement
MM / DD / YYYY
05 / 24 / 2016

Amount of Each Disbursement this Period
4,000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Friends of G Ryan

Mailing Address
PO Box 130501

City
Roseville MN State Zip Code
55113

Purpose of Disbursement
Contribution (Pre Primary)

Candidate Name
Greg Ryan Category/Type
0.11

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: **MN** District: **4**

Date of Disbursement
MM / DD / YYYY
06 / 01 / 2016

Amount of Each Disbursement this Period
1,000.00

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

2016 RELEASE UNDER E.O. 13526

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
CD4-RPM Republican Party of Minnesota

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>NA</i>		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

10-10-2008 10:00 AM

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)

CD4 - RPM Republican Party of Minnesota

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)

NA

B. Separate Segregated Funds and Nonconnected Committees

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..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

NOT RECORDED IN ORIGINAL POSITION

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

PAGE _____ OF _____
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

CDH-RPM Republican Party of Minnesota

A. Full Name (Last, First, Middle Initial) Memo Item Allocated Activity or Event:

Mailing Address Administrative Fundraising Exempt

City State Zip Code Voter Drive Direct Candidate Support

Purpose of Disbursement: Public Comm (ref to party only) by PAC

Activity or Event Identifier: Category/Type

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

N/A

B. Full Name (Last, First, Middle Initial) Memo Item Allocated Activity or Event:

Mailing Address Administrative Fundraising Exempt

City State Zip Code Voter Drive Direct Candidate Support

Purpose of Disbursement: Public Comm (ref to party only) by PAC

Activity or Event Identifier: Category/Type

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) Memo Item Allocated Activity or Event:

Mailing Address Administrative Fundraising Exempt

City State Zip Code Voter Drive Direct Candidate Support

Purpose of Disbursement: Public Comm (ref to party only) by PAC

Activity or Event Identifier: Category/Type

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

UNIVERSITY MICROFILMS INTERNATIONAL

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

CD4-RPM Republican Party of Minnesota

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

VOTER ID

ii) Voter ID

Total Amount Transferred for Voter ID.....

iii) GOTV

Total Amount Transferred for GOTV.....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

NA

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

VOTER ID

ii) Voter ID

Total Amount Transferred for Voter ID.....

iii) GOTV

Total Amount Transferred for GOTV.....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

NOT FOR CIRCULATION

**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)

NAME OF COMMITTEE (In Full)
CD4 - RPM Republican Party of Minnesota

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 *N/A* Allocated Activity or Event Year-To-Date
 City State Zip Code Category/Type
 Purpose of Disbursement Date M M / D D / Y Y Y Y
 FEDERAL SHARE + LEVIN SHARE = 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 Allocated Activity or Event Year-To-Date
 City State Zip Code Category/Type
 Purpose of Disbursement Date M M / D D / Y Y Y Y
 FEDERAL SHARE + LEVIN SHARE = 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 Allocated Activity or Event Year-To-Date
 City State Zip Code Category/Type
 Purpose of Disbursement Date M M / D D / Y Y Y Y
 FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page
 FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))
 FEDERAL SHARE LEVIN SHARE TOTAL AMOUNT
TOTAL This Period for the Levin Share

2010-01-01 10:00:00

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)	CDX-RPM Republican Party of Minnesota
NAME OF ACCOUNT	NA

	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		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

COUNTDOWN: 1 2 3 4 5 6 7 8 9 10 11 12

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

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 1a

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NAME OF COMMITTEE (In Full)
CD4-RPM Republican Party of Minnesota

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
N/A Date of Receipt
 M M / D D / Y Y Y Y
 Mailing Address
 City State Zip Code
 Name of Employer or Principal Place of Business
 Occupation

Amount of Each Receipt this Period
 Aggregate Year-to-Date

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Name of Employer or Principal Place of Business
 Occupation

Date of Receipt
 M M / D D / Y Y Y Y
 Amount of Each Receipt this Period
 Aggregate Year-to-Date

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Name of Employer or Principal Place of Business
 Occupation

Date of Receipt
 M M / D D / Y Y Y Y
 Amount of Each Receipt this Period
 Aggregate Year-to-Date

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Name of Employer or Principal Place of Business
 Occupation

Date of Receipt
 M M / D D / Y Y Y Y
 Amount of Each Receipt this Period
 Aggregate Year-to-Date

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

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

20110101 10:00:00 AM

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

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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NAME OF COMMITTEE (In Full)
CD4-RPM Republican Party of Minnesota

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement

N/A

Date of Disbursement
 Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement

Date of Disbursement
 Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement

Date of Disbursement
 Amount of Each Disbursement this Period

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement

Date of Disbursement
 Amount of Each Disbursement this Period

E. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement

Date of Disbursement
 Amount of Each Disbursement this Period

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

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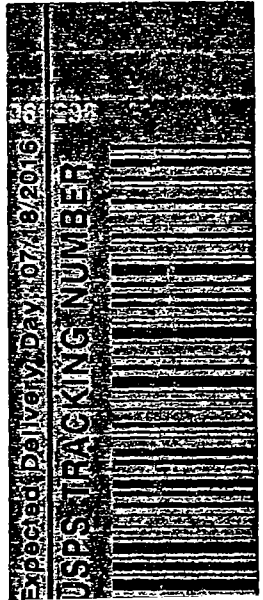
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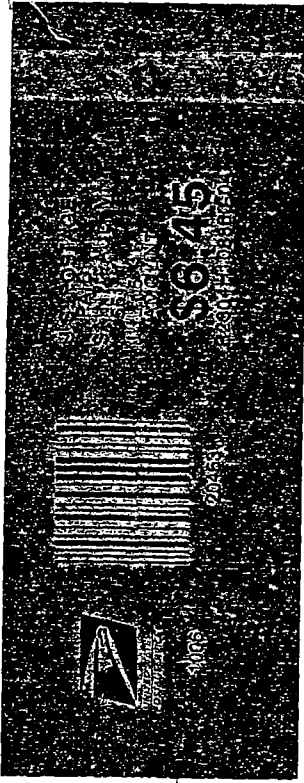
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