

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2017 FEB -2 AM 11:53

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

CIDY-IRIPM Republican Primary of Minnesota 19

ADDRESS (number and street)

3425 McKnight Rd IN

Check if different than previously reported. (ACC)

White Bear Lake MN 55110-5558

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00621185

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:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- 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)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - Convention (12C)
  - General (12G)
  - Special (12S)
  - Runoff (12R)

Election on [ ] / [ ] / [ ] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period

07 / 01 / 2016 through 09 / 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

01 / 30 / 2017

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

NOT A CONTINUING DOCUMENT

Q3 000621185

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From: 

MM	DD	YYYY
02	01	2016

 To: 

MM	DD	YYYY
09	30	2016

COLUMN A  
This Period

COLUMN B  
Calendar Year-to-Date

6. (a) Cash on Hand January 1, <table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>01</td><td>01</td><td>2016</td></tr></table>	MM	DD	YYYY	01	01	2016	<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY				<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY			
MM	DD	YYYY																		
01	01	2016																		
MM	DD	YYYY																		
MM	DD	YYYY																		
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY				<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY									
MM	DD	YYYY																		
MM	DD	YYYY																		
(c) Total Receipts (from Line 19).....	<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY				<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY									
MM	DD	YYYY																		
MM	DD	YYYY																		
(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"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY				<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY									
MM	DD	YYYY																		
MM	DD	YYYY																		
7. Total Disbursements (from Line 31).....	<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY				<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY									
MM	DD	YYYY																		
MM	DD	YYYY																		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY				<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY									
MM	DD	YYYY																		
MM	DD	YYYY																		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY				<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY									
MM	DD	YYYY																		
MM	DD	YYYY																		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY				<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY									
MM	DD	YYYY																		
MM	DD	YYYY																		

NON-DENIED-COMMISSION

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

Q3 C00621185

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2016

To:

MM / DD / YYYY  
09 / 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-

7,246.67

(ii) Unitemized.....

0-

7,246.67

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

0-

7,246.67

(b) Political Party Committees.....

0-

0-

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

0-

0-

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

0-

7,246.67

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

0-

0-

13. All Loans Received.....

0-

0-

14. Loan Repayments Received.....

0-

0-

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

0-

0-

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

0-

0-

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

0-

0-

18. Transfers from Non-Federal and Levin Funds

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

0-

0-

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

0-

0-

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

0-

0-

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

0-

7,246.67

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

0-

7,246.67

NON-FEDERAL CONTRIBUTIONS



Q3 C00621185

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	0. -	7,246.67
34. Total Contribution Refunds (from Line 28(d)) .....	0. -	0. -
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0. -	7,246.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	9,733.30	23,851.8
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0. -	0. -
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9,733.30	23,851.8

NON-CONFIDENTIAL

Q3 C00621185

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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 of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer (for Individual) Occupation (for Individual)

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)..... ▶

NON-FEDERAL CONTRIBUTION

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

Q3 C00621185

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"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c
	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <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)  
**CD4-RPM Republican Party of Minnesota**

**A.** Full Name (Last, First, Middle Initial)  
**Best Buy #7**

Mailing Address  
**1643 City Rd B2**

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

Purpose of Disbursement  
**Purchase printer for party use**

Candidate Name  
**NA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM/DD/YYYY  
**08/23/2016**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**321.36**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Dr Don's Buttons**

Mailing Address  
**3906 W. Morrow Dr**

City  
**Glendale** State  
**AZ** Zip Code  
**85308**

Purpose of Disbursement  
**Button Supplies**

Candidate Name  
**X**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM/DD/YYYY  
**08/26/2016**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**373.65**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Don's Buttons**

Mailing Address  
**3906 W. Morrow Dr**

City  
**Glendale** State  
**AZ** Zip Code  
**85308**

Purpose of Disbursement  
**Button supplies**

Candidate Name  
**X**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM/DD/YYYY  
**08/29/2016**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**89.74**

Memo Item

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

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

NON-FUNCTIONAL COLUMN





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

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked	Date of Receipt
--	------------	-----------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 1/30/17
--	-----------------------

<input type="checkbox"/> USPS Priority Mail Express	Postmarked
---	------------

<input type="checkbox"/> Postmark Illegible	
---	--

<input type="checkbox"/> No Postmark	
--------------------------------------	--

<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

PREPARER (3/2015) 	2/2/17 DATE PREPARED
--	-------------------------

20170202 10:00 AM