

FEDERAL
ELECTION
OPERATIONS CENTER

SEP OCT 24 A 10:08

Office Use Only

**FEC
FORM 3X**

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

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12PREAMS

4th Congressional District Republican Party of Minnesota

ADDRESS (number and street)

1940 Fairview Ave N

Check if different than previously reported. (ACC)

Roseville

MINN

55113-1542

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

00359208

3 IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

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)

(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)

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

Primary (12P)

General (12G)

Special (12S)

Convention (12C)

Special (12S)

Election on

NOV 20 2004

in the State of

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

General (30G)

Special (30S)

Special (30S)

Election on

NOV 20 2004

in the State of

5. Covering Period

07 01 2004

through

09 30 2004

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

Skip Wolverton

Signature of Treasurer

Skip Wolverton

Date

09 15 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §1572.

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2004</u>		<u>72,429.7</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>55,471</u>	
(c) Total Receipts (from Line 19).....	<u>68,029.5</u>	<u>160,309.5</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>709,766</u>	<u>232,739.2</u>
7. Total Disbursements (from Line 31).....	<u>224,191</u>	<u>184,581.7</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>485,575</u>	<u>48,157.5</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
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

4th Congressional District Republican Party of Minnesota

Report Covering the Period:

From:

10/01/2004

To:

09/30/2004

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	3,102.00	10,430.00
(b) Itemized (use Schedule A)		
(c) Unitemized		
(ii) TOTAL (add Lines 11(a)(i) and (c))		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 35, page 5)	3,102.00	10,430.00
12. Transfers From Affiliated/Other Party Committees	2,500.00	5,000.00
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Returns, Rebates, etc.) (Carry Totals to Line 37, page 5)	600.95	600.95
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))	6,202.95	16,030.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6,202.95	16,030.95

DETAILED SUMMARY PAGE
of Disbursements

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	124191	745817
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	124191	745817
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		1000000
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §443a(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	00000	100000
30. Federal Election Activity (2 U.S.C. §4312(b))		
(a) Allocated Federal Election Activity (from Schedule H5) (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, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	224191	1845817
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(c)(ii) from Line 31)	224191	1845817

DETAILED SUMMARY PAGE
of Disbursements

PEC 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)	310200	1043000
34. Total Contribution Refunds (from Line 25(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	310200	1043000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	124191	745817
37. Offsets to Operating Expenditures (from Line 15, page 3)	60095	60095
38. Net Operating Expenditures (subtract Line 37 from Line 36)	64096	685722

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

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

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d
<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)

4th Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial)

A. Republican Party of Minnesota

Mailing Address

525 Park St 250

City

St Paul

State

MN

Zip Code

55103

FEC ID number of contributing federal political committee.

C00001313

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) *Transfer*

Aggregate Year-to-Date

Date of Receipt

09 / 23 / 2004

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (see 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	OF
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
4th Congressional District Republican Party of Minnesota

A. Full Name (Last, First, Middle Initial)
Minnesota Public Radio

Mailing Address: **45 E 7th St**

City: **St. Paul** State: **MIN** Zip Code: **55101**

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

Name of Employer: _____ Occupation: _____

Receipt For:
 Primary General
 Other (specify) **Moving Expenses**

Aggregate Year-to-Date: _____

Date of Receipt
08 / 31 / 2009

Amount of Each Receipt this Period
60095

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

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

SUBTOTAL of Receipts 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)				PAGE	OF
<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"/> 28d	<input type="checkbox"/> 28e		

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)
4th Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial)
A. Igo, Patrick

Mailing Address
819 Kelly Ave

City **St. Paul** State **MIN** Zip Code **55104**

Purpose of Disbursement
Convention Hall Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
07/04/2004

Amount of Each Disbursement this Period
1735

Full Name (Last, First, Middle Initial)
B. Abbott's

Mailing Address
501 Como Ave W.

City **St. Paul** State **MIN** Zip Code **55103**

Purpose of Disbursement
Cater Anniversary dinner

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
09/30/2004

Amount of Each Disbursement this Period
30000

Full Name (Last, First, Middle Initial)
C. All Furniture Inc

Mailing Address
675 Stinson Blvd #100

City **Minneapolis** State **MIN** Zip Code **55413**

Purpose of Disbursement
Storage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
09/30/2004

Amount of Each Disbursement this Period
60095

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

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

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

Use reports schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)				PAGE	OF
<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"/> 29	<input type="checkbox"/> 29	<input type="checkbox"/> 30a		

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NAME OF COMMITTEE (In Full):
14th Congressional District Republican Party of Minnesota

A.

Full Name (Last, First, Middle Initial): **Quest**

Mailing Address: **PO Box 1301**

City: **Minneapolis** State: **MN** Zip Code: **55430**

Purpose of Disbursement: **Expansion Line**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: **07 06 2004**

Amount of Each Disbursement this Period: **1814**

B.

Full Name (Last, First, Middle Initial): **Quest**

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: **Expansion Line**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: **09 07 2004**

Amount of Each Disbursement this Period: **6829**

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: _____

Amount of Each Disbursement this Period: _____

SUBTOTAL of Disbursements This Page (optional): _____

TOTAL This Period (see 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	OF
<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"/> 29c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30a		

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NAME OF COMMITTEE (in full)
4th Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial)
A. Steiner for State Rep

Mailing Address
1876 East Shore Drive

City **Maplewood** State **MN** Zip Code **55109**

Purpose of Disbursement
Contribution to local candidate

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement
09 07 2009

Amount of Each Disbursement this Period
50000

Full Name (Last, First, Middle Initial)
B. Citizens for Ryan Griffin

Mailing Address
2649 Western Ave N.

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

Purpose of Disbursement
Contribution to Local Candidate

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement
09 07 2009

Amount of Each Disbursement this Period
50000

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

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

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) _____

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

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
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10-15-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Express Mail	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> Postmark illegible	Postmarked
<input type="checkbox"/> No Postmark	Shipping Date
<input type="checkbox"/> Overnight Delivery Services (Specify):	Date of Receipt
<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 or Postmarked
<input type="checkbox"/> Other (Specify):	

SES
 PREPARER
 (5/2004)

10-24-04
 DATE PREPARED