

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC 10 P 2:02
Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines.
7th Congressional District Republican Party
of Minnesota

ADDRESS (number and street)
11504 14TH ST S
Minneapolis MN 55450
Check if different than previously reported. (AO)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C02388873 MINN 55450

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) 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)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11/05/2002 in the State of MN

5. Covering Period 10/07/2002 through 11/25/2002

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 Randy A. Schatz
Signature of Treasurer Randy A. Schatz Date 12/02/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 2X (Revised 1/01)

Write or Type Committee Name

7th Congressional District Republican Party of Minnesota

Report Covering the Period: From: 10/17/2002 To: 11/25/2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2002</u>		<u>0.00</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>3,246.57</u>	
(c) Total Receipts (from Line 19)	<u>450.00</u>	<u>13,609.68</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>3,696.57</u>	<u>13,609.68</u>
7 Total Disbursements (from Line 30)	<u>7,020.8</u>	<u>10,615.19</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>2,994.49</u>	<u>2,994.49</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<u>0.00</u>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<u>0.00</u>	

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 (Revised 1/01)

Write or Type Committee Name

The Congressional District Republican Party of Minnesota

Report Covering the Period: From: *10/17/2002* To: *11/25/2002*

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributors (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	
(ii) Unitemized	0.00	
(ii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	110.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributors (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 32, page 4)	0.00	110.00
12. Transfers From Affiliated/Other Party Committees	450.00	13,499.68
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 36, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	450.00	13,609.68
20. Total Federal Receipts (subtract Line 18 from Line 19)	450.00	13,609.68

DETAILED SUMMARY PAGE
of Disbursements

FED Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0 00	0 00
(i) Federal Share	0 00	0 00
(ii) Non-Federal Share	0 00	0 00
(b) Other Federal Operating Expenditures	7 02 08	1 61 51 9
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7 02 08	1 61 51 9
22. Transfers to Affiliated/Other Party Committees	0 00	0 00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0 00	4 000 00
24. Independent Expenditures (use Schedule E)	0 00	5 000 00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)	0 00	0 00
26. Loan Repayments Made	0 00	0 00
27. Loans Made	0 00	0 00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0 00	0 00
(b) Political Party Committees	0 00	0 00
(c) Other Political Committees (such as PACs)	0 00	0 00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 00	0 00
29. Other Disbursements	0 00	0 00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	7 02 08	6 15 1 9
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	7 02 08	1 06 1 5 1 9
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	0 00	1 100 00
33. Total Contribution Refunds (from Line 28(d))	0 00	0 00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	0 00	1 100 00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7 02 08	1 61 51 9
36. Offsets to Operating Expenditures (from Line 15, page 3)	0 00	0 00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	7 02 08	1 61 51 9

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)			1
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 read 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)

7th Congressional District Republican Party of Minnesota

Full Name (Last, First, Middle Initial)

A. Swift County Republican Party of Minnesota

Mailing Address

260 30th Ave NE

City

Grand Rapids

State

MIN

Zip Code

56215

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

25000

Date of Receipt

11/15/2002

Amount of Each Receipt this Period

25000

Full Name (Last, First, Middle Initial)

B. Stecker County Republican Party of Minnesota

Mailing Address

P.O. Box 776

City

Litchfield

State

MIN

Zip Code

55355

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

20000

Date of Receipt

11/19/2002

Amount of Each Receipt this Period

20000

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

11/01/2002

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

45000

45000

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)								PAGE 1 OF 1	
	<input checked="" type="checkbox"/> 21a	<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

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NAME OF COMMITTEE (in full)
7th Congressional District Republican Party of Minnesota

A.

Full Name (Last, First, Middle Initial): *Dennis P. O'Leary Inc.*

Mailing Address: *P.O. Box 29073*

City: *Minneapolis* State: *MN* Zip Code: *55429*

Purpose of Disbursement: *Media Consulting Services + Salary*

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: *10/19/2002*

Amount of Each Disbursement this Period: *56645*

Category/Type: *02*

B.

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: _____

Category/Type: _____

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: _____

Category/Type: _____



SUBTOTAL of Disbursements This Page (optional) *56645*

TOTAL This Period (last page file line number only) *56645*

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has 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"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
	
PREPARER	DATE PREPARED

2002年12月10日