

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 JUL 10 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

7TH CONGRESSIONAL DISTRICT REPUBLICAN PARTY
OF MINNESOTA

ADDRESS (number and street) P.O. BOX 471

Check if different than previously reported. (ACC)

MARSHALL MN 56258-0471

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

C00380873 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 MM / DD / YYYYYY in the State of

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

General (30G) Runoff (30R) Special (30S)


Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

04 / 01 / 2006 through 06 / 30 / 2006

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 DAVID E. STURROCK

Signature of Treasurer  Date MM / DD / YYYYYY

07 / 04 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

26038110798

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

7TH C.D. REPUBLICAN PARTY OF MINNESOTA

Report Covering the Period: From: 04 / 01 / 2006 To: 06 / 30 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		484101
(b) Cash on Hand at Beginning of Reporting Period.....	1179487	
(c) Total Receipts (from Line 19).....	1238858	1975316
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2418345	2459417
7. Total Disbursements (from Line 31).....	873060	914132
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1545285	1545285
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).....	 	

25039110791

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. 06/2004)

Page 3

Write or Type Committee Name

7TH C.D. REPUBLICAN PARTY OF MINNESOTA

Report Covering the Period: From: 04/01/2006 To: 06/30/2006

26039110792

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).....	962.00	1,762.00
(ii) Unitemized.....	6,410.00	7,972.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7,372.00	9,734.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	7,372.00	9,734.00
12. Transfers From Affiliated/Other Party Committees.....	5,000.00	10,000.00
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.).....	16.58	19.06
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)).....▶	12,388.58	19,753.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12,388.58	19,753.06

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	37,305.00	41,412.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	37,305.00	41,412.22
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50,000.00	50,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(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		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(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, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	87,305.00	91,412.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87,305.00	91,412.22

NOTE: LINE 32, COL. A TOTAL UNDERSTATES OUR DISBURSEMENTS BY TEN DOLLARS. WE CANNOT pinpoint the discrepancy, BUT THE FIGURE AT LINE 7, COL. A MATCHES OUR BANK RECORDS.

DETAILED SUMMARY PAGE
of Disbursements

FEC 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)	7,372.00	9,734.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7,372.00	9,734.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3,730.50	9,141.22
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3,730.50	9,141.22

26039110794

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

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

FOR LINE NUMBER: PAGE 1 OF 3

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
			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)

7TH C.D. REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. DEPUY, CURTIS W.

Mailing Address

62221 326TH ST.

City

GIBBON

State

MN

Zip Code

55335

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For:

Primary General
 Other (specify) ▼

DONATION

Aggregate Year-to-Date ▼

17600

Date of Receipt

05 / 01 / 2006

Amount of Each Receipt this Period

17600

Full Name (Last, First, Middle Initial)

B. FISHER, WILLIAM A.

Mailing Address

26462 COUNTY RD. 13

City

ROSEAU

State

MN

Zip Code

56751

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

Receipt For:

Primary General
 Other (specify) ▼

DONATION

Aggregate Year-to-Date ▼

10000

Date of Receipt

05 / 01 / 2006

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

C. HEATH, CONNIE

Mailing Address

215 ROBINS AVE., S.W.

City

WILLMAR

State

MN

Zip Code

56201

FEC ID number of contributing federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

Receipt For:

Primary General
 Other (specify) ▼

DONATION

Aggregate Year-to-Date ▼

18000

Date of Receipt

05 / 01 / 2006

Amount of Each Receipt this Period

18000

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

45600

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

26030110795

**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 2 OF 3

<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)

7TH C.D. REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial) A. PRELLWITZ, CARLA D.		Date of Receipt MM/DD/YYYY 05/01/2006
Mailing Address P.O. Box 721		Amount of Each Receipt this Period 108.00
City WINSTED	State MN	
Zip Code 55395		FEC ID number of contributing federal political committee. C
Name of Employer HOMEMAKER		
Occupation		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DONATION
Aggregate Year-to-Date 108.00		

Full Name (Last, First, Middle Initial) B. ROSENDAHL, JUDITH W.		Date of Receipt MM/DD/YYYY 05/01/2006
Mailing Address 205 WILDWOOD AVE.		Amount of Each Receipt this Period 212.00
City MADISON	State MN	
Zip Code 56256		FEC ID number of contributing federal political committee. C
Name of Employer HOMEMAKER		
Occupation		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DONATION
Aggregate Year-to-Date 312.00		

Full Name (Last, First, Middle Initial) C. SAMPSON, CURTIS A.		Date of Receipt MM/DD/YYYY 05/01/2006
Mailing Address 50 PARKVIEW LANE		Amount of Each Receipt this Period 100.00
City HECTOR	State MN	
Zip Code 55342		FEC ID number of contributing federal political committee. C
Name of Employer SELF		
Occupation FARMER		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DONATION
Aggregate Year-to-Date 100.00		

SUBTOTAL of Receipts This Page (optional)	420.00
TOTAL This Period (last page this line number only)	420.00

36701961062

**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 **3** OF **3**

<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)
7TH C.D. REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial)
DAVID E. STURROCK

Mailing Address
1142 DAVID DR

City **MARSHALL** State **MN** Zip Code **56258**

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

Name of Employer **SOUTHWEST MINN. STATE UNIV.** Occupation **PROFESSOR**

Receipt For:
 Primary General
 Other (specify) **DONATION**

Aggregate Year-to-Date **1,360.00**

Date of Receipt
05 / 01 / 2006

Amount of Each Receipt this Period
86.00

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) **86.00**

TOTAL This Period (last page this line number only) **FOR LINE 11(a) 962.00**

26039110797

**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 1 OF 2

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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)

7TH C.D. REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial) A. LAC QUI PARLE REPUBLICAN PARTY			Date of Receipt MM/DD/YYYY 06/16/2006	
Mailing Address 416 5TH ST. W.				
City MADISON	State MN	Zip Code 56256		
FEC ID number of contributing federal political committee. NOT A FED'L COMM. C			Amount of Each Receipt this Period 1,000.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DONATION		Aggregate Year-to-Date 1,000.00		

Full Name (Last, First, Middle Initial) B. LYON COUNTY REPUBLICAN PARTY			Date of Receipt MM/DD/YYYY 06/10/2006	
Mailing Address 807 COLUMBINE DR.				
City MARSHALL	State MN	Zip Code 56258		
FEC ID number of contributing federal political committee. NOT A FED'L COMM. C			Amount of Each Receipt this Period 500.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DONATION		Aggregate Year-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. MCLEOD COUNTY REPUBLICAN PARTY			Date of Receipt MM/DD/YYYY 05/30/2006	
Mailing Address 14601 UNDUATE CT.				
City HUTCHINSON	State MN	Zip Code 55350		
FEC ID number of contributing federal political committee. NOT A FED'L COMM. C			Amount of Each Receipt this Period 500.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DONATION		Aggregate Year-to-Date 500.00		

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

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

2,000.00

200609110798

**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 **2** OF **2**

11a 11b 11c 12
13 14 15 16 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)

7TH C.D. REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. MINNESOTA REPUBLICAN PARTY

Mailing Address

525 PARK ST., SUITE 250

City

ST. PAUL

State

MN

Zip Code

55103

FEC ID number of contributing
federal political committee.

C 00001313

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) **DONATION**

Aggregate Year-to-Date ▼

7,500.00

Date of Receipt

04 29 2006

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MINNESOTA REPUBLICAN PARTY

Mailing Address

525 PARK ST., SUITE 250

City

ST. PAUL

State

MN

Zip Code

55103

FEC ID number of contributing
federal political committee.

C 00001313

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) **DONATION**

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

06 16 2006

Amount of Each Receipt this Period

500.00

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 (last page this line number only).....▶

3000.00

5000.00

25038110799

**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 5

21b 22 23 24 25 26
 27 28a 28b 28c 29 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)

7TH C.D. REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A.

BORGENDALE, GARY

Mailing Address

5133 RAINBOW LANE

City

ST. PAUL

State
MN

Zip Code

55112

Purpose of Disbursement

CONVENTION HONORARIUM

Candidate Name

0.01
Category/
Type

Date of Disbursement

04 / 29 / 2006

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

CASH

Mailing Address

City

State

Zip Code

Purpose of Disbursement

CONVENTION CHANGE FUND

Candidate Name

0.01
Category/
Type

Date of Disbursement

04 / 29 / 2006

Amount of Each Disbursement this Period

500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

CNA SURETY

Mailing Address

P.O. BOX 156

City

MOORHEAD

State
MN

Zip Code

56561

Purpose of Disbursement

INSURANCE BOND

Candidate Name

0.01
Category/
Type

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

1,500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

3,000.00

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

2502919090

**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 2 OF 5

21b 22 23 24 25 26
 27 28a 28b 28c 29 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)

7TH CD. REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. FRAZIER, BRENT

Mailing Address

100 FIRST ST. S.E.

City

PELICAN RAPIDS

State

MN

Zip Code

56572

Purpose of Disbursement

CONVENTION MAILINGS

Candidate Name

001
Category/
Type

Date of Disbursement

05 / 02 / 2006

Amount of Each Disbursement this Period

41.66

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. HINSON, AMANAA

Mailing Address

233 FIRST AVE. N.

City

PERHAM

State

MN

Zip Code

56573

Purpose of Disbursement

SUPPLIES

Candidate Name

001
Category/
Type

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

1.95

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. KANDIVOH, ENTERTAINMENT CENTER

Mailing Address

500 S.E. 19TH AVE.

City

WILLMAR

State

MN

Zip Code

56201

Purpose of Disbursement

CONVENTION MEALS

Candidate Name

001
Category/
Type

Date of Disbursement

04 / 29 / 2006

Amount of Each Disbursement this Period

3012.48

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

3056.09

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

15001001001

**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 **3** OF **5**

<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"/> 29	<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)

7TH C.D. REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A.

THE KRAMERS

Mailing Address

(NOT AVAILABLE)

City

WILLMAR

State

MIN

Zip Code

Purpose of Disbursement

CONVENTION ENTERTAINMENT

Candidate Name

0.01
Category/
Type

Date of Disbursement

04 / 29 / 2006

Amount of Each Disbursement this Period

100.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

Amount of Each Disbursement this Period

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

Amount of Each Disbursement this Period

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).....▶

100.00

2509110802

**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 4 OF 5
	<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"/> 29	<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)
7TH C.D. REPUBLICAN PARTY OF MINNESOTA

A. MARSHALL AREA CHAMBER OF COMMERCE

Full Name (Last, First, Middle Initial)

Mailing Address: **317 W. MAIN ST.**

City: **MARSHALL** State: **MN** Zip Code: **56258**

Purpose of Disbursement: **COPIES**

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **06/16/2006**

Amount of Each Disbursement this Period: **16.90**

Category/Type: **001**

B. MIDWEST PRINTING

Full Name (Last, First, Middle Initial)

Mailing Address: **1204 WASHINGTON AVE.**

City: **DETROIT LAKES** State: **MN** Zip Code: **56501**

Purpose of Disbursement: **CONVENTION PRINTING**

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **04/30/2006**

Amount of Each Disbursement this Period: **128.49**

Category/Type: **001**

C. ROSENDAL, JUDITH W.

Full Name (Last, First, Middle Initial)

Mailing Address: **205 WILDWOOD AVE.**

City: **MADISON** State: **MN** Zip Code: **56256**

Purpose of Disbursement: **CONVENTION EXPENSES**

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **06/21/2006**

Amount of Each Disbursement this Period: **18.49**

Category/Type: **001**

SUBTOTAL of Disbursements This Page (optional): **163.88**

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

250311000

**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 5 OF 5

21b 22 23 24 25 26
 27 28a 28b 28c 29 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)

7TH C.D. REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. DAVID E. STURROCK

Date of Disbursement

06 / 21 / 2006

Mailing Address

1142 DAVID DR.

City

MARSHALL

State

MN

Zip Code

56258

Purpose of Disbursement

TREASURERS EXPENSES

001

Category/
Type

Amount of Each Disbursement this Period

70.53

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. SYCKS, ELAINE

Date of Disbursement

06 / 21 / 2006

Mailing Address

1514 WILLARD AVE.

City

DETROIT LAKE

State

MN

Zip Code

56501

Purpose of Disbursement

MAILINGS

001

Category/
Type

Amount of Each Disbursement this Period

40.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

110.53

TOTAL This Period (last page this line number only)

3730.50

26039100304

**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 checked="" 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"/> 29	<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)
7TH C.D. REPUBLICAN PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial)
MICHAEL BARRETT FOR CONGRESS

Date of Disbursement
04 / 29 / 2006

Mailing Address
P.O. Box 240

City
LONG PRAIRIE State
MN Zip Code
56347

Purpose of Disbursement
DONATION

Candidate Name
MICHAEL J. BARRETT

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **MN** District: **7**

Amount of Each Disbursement this Period
5,000.00

Category/Type
011

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Category/Type

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

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

5,000.00

26030110305

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)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" 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

Jm 10
 PREPARER
 (3/2005)

7-10-06
 DATE PREPARED

25039110805