

# 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**  
7th Congressional District Republican Party of Minnesota

ADDRESS (number and street) 1142 David Dr.  
Check if different than previously reported. (ACC) Marshall MN 56258

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00380873 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 [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 / 03 / 2020 in the State of MN

5. Covering Period [MM] / [DD] / [YYYY] 10 / 15 / 2020 through [MM] / [DD] / [YYYY] 11 / 23 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Sturrock, David, E., ,  
Type or Print Name of Treasurer

Signature of Treasurer Sturrock, David, E., , [Electronically Filed] Date 12 / 03 / 2020

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

7th Congressional District Republican Party of Minnesota

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text"/>	<input type="text" value="1494.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1209.85"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2025.00"/>	<input type="text" value="30450.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3234.85"/>	<input type="text" value="31944.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2235.00"/>	<input type="text" value="30944.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="999.85"/>	<input type="text" value="999.85"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

Write or Type Committee Name

**7th Congressional District Republican Party of Minnesota**

Report Covering the Period: From:  /  /  To:  /  /

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).....	1725.00	19532.00
(ii) Unitemized .....	300.00	8046.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2025.00	27578.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2872.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2025.00	30450.00
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)).....▶	2025.00	30450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2025.00	30450.00

**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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	35.00	204.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	35.00	204.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	338.39
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
24. Independent Expenditures (use Schedule E) .....	2200.00	25149.03
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	4252.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	4252.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2235.00	30944.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2235.00	30944.15

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2025.00	30450.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	4252.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2025.00	26198.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	35.00	204.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35.00	204.73

**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 6 OF 10
<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 Congressional District Republican Party of Minnesota**

**A. Bishop, Craig, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 221 Fremont Ave.

City Hutchinson	State MN	Zip Code 55350
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Costco	Occupation (for Individual) Manager
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2020

**Transaction ID : SA11AI.4261**

Amount of Each Receipt this Period  
150.00

Memo Item  
Purchase of signs

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

Mailing Address 24126 Laser Ave.

City Redwod Falls	State MN	Zip Code 56283
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Farmer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1862.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2020

**Transaction ID : SA11AI.4262**

Amount of Each Receipt this Period  
135.00

Memo Item  
Purchase of signs

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

Mailing Address 1038 60th Ave. SW

City Montevideo	State MN	Zip Code 56265
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Farmer
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2020

**Transaction ID : SA11AI.4263**

Amount of Each Receipt this Period  
90.00

Memo Item  
Purchase of signs

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last 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 7 OF 10
<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 Congressional District Republican Party of Minnesota**

**A. Sturrock, David, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1142 David Dr.  
 City Marshall State MN Zip Code 56258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southwest Minnesota State U. Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.4259**  
 Amount of Each Receipt this Period 900.00  
 Memo Item Contribution

**B. Thurn, Daryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20261 385th Ave.  
 City Green Isle State MN Zip Code 55338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Engineer Occupation (for Individual) ACIST Medical Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1110.00

Date of Receipt 10 / 16 / 2020  
**Transaction ID : SA11AI.4264**  
 Amount of Each Receipt this Period 450.00  
 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	1725.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
7th Congressional District Republican Party of Minnesota
FEC IDENTIFICATION NUMBER
C C00380873

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Ballalatak, Annie, ,
Mailing Address: 20788 451st Ave.
City: Arlington State: MN Zip Code: 55307
Purpose of Expenditure: Reimbursement for advertising
Category/Type: 004
Date of Public Distribution/Dissemination: 10/17/2020
Amount: 85.46
Transaction ID: SE.4251
Date of Disbursement or Obligation: 10/17/2020
Name of Federal Candidate: Fischbach, Michelle, ,
Support: [X] Oppose: [ ]
Office Sought: House [X] Senate [ ] President [ ]
District: 07 State: MN
Calendar Year-To-Date Per Election for Office Sought: 4377.10
Disbursement For: Primary [ ] General [X] Other (specify) [ ]

Full Name of Payee: Ballalatak, Annie, ,
Mailing Address: 20788 451st Ave.
City: Arlington State: MN Zip Code: 55307
Purpose of Expenditure: Reimbursement for advertising
Category/Type: 004
Date of Public Distribution/Dissemination: 10/21/2020
Amount: 400.00
Transaction ID: SE.4252
Date of Disbursement or Obligation: 10/21/2020
Name of Federal Candidate: Fischbach, Michelle, ,
Support: [X] Oppose: [ ]
Office Sought: House [X] Senate [ ] President [ ]
District: 07 State: MN
Calendar Year-To-Date Per Election for Office Sought: 4777.10
Disbursement For: Primary [ ] General [X] Other (specify) [ ]

(a) SUBTOTAL of Itemized Independent Expenditures ..... 485.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sturrock, David, E., [Electronically Filed] Date 12/03/2020
Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>7th Congressional District Republican Party of Minnesota</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00380873
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>Ballalatak, Annie, , ,</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 20788 451st Ave.	Amount <input type="text"/> 600.00 <b>Transaction ID : SE.4254</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Arlington MN 55307	
Purpose of Expenditure Reimbursement for advertising	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Fischbach, Michelle, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: MN
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1544.42	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>Ballalatak, Annie, , ,</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 20788 451st Ave.	Amount <input type="text"/> 589.54 <b>Transaction ID : SE.4258</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Arlington MN 55307	
Purpose of Expenditure Reimbursement for advertising	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Fischbach, Michelle, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: MN
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5366.64	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 1189.54
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Sturrock, David, E.,*

*[Electronically Filed]*

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>7th Congressional District Republican Party of Minnesota</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00380873
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>Bishop, Craig, , ,</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>221 Fremont Ave.</b>	Amount <input type="text"/> <b>525.00</b>
City <b>Hutchinson</b> State <b>MN</b> Zip Code <b>55350</b>	
Purpose of Expenditure <b>Reimbursement for advertising</b> Category/Type <input type="text"/> <b>004</b>	
Name of Federal Candidate: <b>Fischbach, Michelle, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>07</b> State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>4291.64</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/Type	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> <b>525.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/> <b>2200.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sturrock, David, E., **[Electronically Filed]** Date  /  /   
Signature