

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

REPUBLICAN PARTY OF MINNESOTA

ADDRESS (number and street)

525 PARK STREET

SUITE 250

Check if different than previously reported. (ACC)

ST PAUL MN 55103

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00001313

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input checked="checked" type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on _____ in the State of _____

(d) 30-Day **Post**-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 12 01 2007 through 12 31 2007

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 Sturrock

Signature of Treasurer Electronically Filed by David Sturrock Date 07 27 2010

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
REPUBLICAN PARTY OF MINNESOTA

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		-28325.04
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	246412.34									
(c) Total Receipts (from Line 19)	362241.66	3608820.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	608654.00	3580495.61								
7. Total Disbursements (from Line 31)	263558.99	3235400.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	345095.01	345095.01								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	286011.58									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
REPUBLICAN PARTY OF MINNESOTA

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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)	57362.46	431070.92
(ii) Unitemized	258145.10	2186900.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)	315507.56	2617971.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	15520.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	320507.56	2633491.24
12. Transfers From Affiliated/Other Party Committees	0.00	173273.78
13. All Loans Received	0.00	271000.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	6.00	15963.82
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	800.50	33589.31
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	40927.60	481502.50
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	40927.60	481502.50
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	362241.66	3608820.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	321314.06	3127318.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)		
(i) Federal Share.....	20012.30	210101.73
(ii) Non-Federal Share.....	35577.47	416552.85
(b) Other Federal Operating Expenditures.....	80128.89	82176.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	135718.66	708831.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	127474.82
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	2639.96	143818.01
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	10050.00	11100.00
(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))	10050.00	11100.00
29. Other Disbursements.....	0.00	97244.68
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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	115150.37	2146931.98
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	115150.37	2146931.98
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	263558.99	3235400.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	227981.52	2818847.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 109

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)	320507.56	2633491.24
34. Total Contribution Refunds (from Line 28(d))	10050.00	11100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	310457.56	2622391.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	100141.19	292278.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	6.00	15963.82
38. Net Operating Expenditures (subtract Line 37 from Line 36)	100135.19	276314.44

**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 / 109
	<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)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Alan Carpien		Date of Receipt
	Mailing Address 3825 Beecher St NW		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Washington	DC	20007-1802
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5733
Name of Employer Information Requested		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="324.00"/>
		<input type="text" value="324.00"/>	

B.	Full Name (Last, First, Middle Initial) John Dasburg		Date of Receipt
	Mailing Address 25 S Biscayne Blvd # 3663		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Miami	FL	33131-1805
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5735
Name of Employer Information Requested		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10000.00"/>
		<input type="text" value="10000.00"/>	Receipt

C.	Full Name (Last, First, Middle Initial) Marylou Dasburg		Date of Receipt
	Mailing Address 2650 Marshland Rd		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Wayzata	MN	55391
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5737
Name of Employer Information Requested		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10000.00"/>
		<input type="text" value="10000.00"/>	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="20324.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 109
(check only one)

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial)
John Grundhofer

Mailing Address 800 Nicollet Mall Ste 1500

City State Zip Code
Minneapolis MN 55402

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

Name of Employer Retired Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.5739

Amount of Each Receipt this Period
5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Warren Herreid

Mailing Address 4305 Trillium Way

City State Zip Code
Minnetrista MN 55364

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

Name of Employer CONSULTANT Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.5741

Amount of Each Receipt this Period
4800.00

Receipt

C.

Full Name (Last, First, Middle Initial)
David Koch

Mailing Address 505 Highway 169 N Ste 595

City State Zip Code
Plymouth MN 55441

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

Name of Employer RETIRED Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.5743

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **10800.00**

TOTAL 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: PAGE 8 / 109
(check only one)

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial)
George McClintock

Mailing Address 2905 Gulf Shore Blvd N Apt 201

City State Zip Code
Naples FL 34103-3903

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

Name of Employer Information Requested Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
12 / 27 / 2007

Transaction ID: SA11AI.5745

Amount of Each Receipt this Period
500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Glen Nelson

Mailing Address 301 Carlson Pkwy Ste 102

City State Zip Code
Minnetonka MN 55305

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

Name of Employer Information Requested Occupation
VICE CHAIRMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
12 / 19 / 2007

Transaction ID: SA11AI.5747

Amount of Each Receipt this Period
10000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Jeannine Rivet

Mailing Address 4305 Trillium Way

City State Zip Code
Minnetrista MN 55364

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

Name of Employer Information Requested Occupation
None
HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5200.00

Date of Receipt
MM / DD / YYYY
12 / 17 / 2007

Transaction ID: SA11AI.5748

Amount of Each Receipt this Period
5200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **15700.00**

TOTAL 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: PAGE 9 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial)
Gregory Rueff
Mailing Address 520 Wall St
City North Mankato State MN Zip Code 56003
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 835.38
Date of Receipt 12 / 17 / 2007
Transaction ID: SA11AI.5749
Amount of Each Receipt this Period 278.46
Receipt

B. Full Name (Last, First, Middle Initial)
Hugh Schilling
Mailing Address 354 Woodlawn Ave
City St Paul State MN Zip Code 55105
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00
Date of Receipt 12 / 28 / 2007
Transaction ID: SA11AI.5751
Amount of Each Receipt this Period 10000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Lyll Arthur Schwarzkopf
Mailing Address 4840 Bloomington Ave
City Minneapolis State MN Zip Code 55417
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.5753
Amount of Each Receipt this Period 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 10528.46
TOTAL 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: PAGE 10 / 109
(check only one)

<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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial)
Robert Whitman

Mailing Address 100 Clydesdale Trl Apt 228

City	State	Zip Code
Medina	MN	55340

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

Name of Employer RETIRED	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	7

Transaction ID: SA11AI.5755

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10.00
TOTAL This Period (last page this line number only)	▶	57362.46

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 109	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial) Koch PAC		Date of Receipt
Mailing Address 655 15th St NW Ste 445		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City	State	Zip Code
Washington	DC	20005-5727
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.5757
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		Receipt
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 109
(check only one)

<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)
REPUBLICAN PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial)
Alliance Bank

Mailing Address 444 Cedar St

City State Zip Code
St Paul MN 55101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
272819.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	7

Transaction ID: SA15.5758

Amount of Each Receipt this Period
6.00

Refund of Bank Fee

SUBTOTAL of Receipts This Page (optional)	▶	6.00
TOTAL This Period (last page this line number only)	▶	6.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 109
(check only one)

<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 type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial)
Alliance Bank

Mailing Address 444 Cedar St

City State Zip Code
St Paul MN 55101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273152.75

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA17.5759

Amount of Each Receipt this Period
333.50

Interest Income

B.

Full Name (Last, First, Middle Initial)
Alliance Bank

Mailing Address 444 Cedar St

City State Zip Code
St Paul MN 55101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273175.40

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA17.5760

Amount of Each Receipt this Period
22.65

Interest Income

C.

Full Name (Last, First, Middle Initial)
Alliance Bank

Mailing Address 444 Cedar St

City State Zip Code
St Paul MN 55101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273181.45

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA17.5761

Amount of Each Receipt this Period
6.05

Interest Income

SUBTOTAL of Receipts This Page (optional) ► **362.20**

TOTAL 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:		PAGE 14 / 109	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial) MN Dept of Revenue		Date of Receipt
Mailing Address Mail Sta # 6501		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
City	State	Zip Code
Saint Paul	MN	55146-0001
FEC ID number of contributing federal political committee.		Transaction ID: SA17.5763
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="438.30"/>
Occupation		Other Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="438.30"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="438.30"/>
TOTAL This Period (last page this line number only)	<input type="text" value="800.50"/>

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)

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Alliance Bank</p> <p>Mailing Address 444 Cedar St</p> <p>City St Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB21B.5764 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>1634.59</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	4		2	0	0	7	1634.59
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	4		2	0	0	7													
1634.59																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Allied American Credit</p> <p>Mailing Address PO Box 3766</p> <p>City Spokane State WA Zip Code 99220-3766</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB21B.5766 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>826.40</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	2		2	0	0	7	826.40
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		1	2		2	0	0	7													
826.40																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Angela Nielsen</p> <p>Mailing Address 123M McKnight Rd N</p> <p>City Saint Paul State MN Zip Code 55119-6653</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB21B.5767 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>325.67</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	7		2	0	0	7	325.67
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	7		2	0	0	7													
325.67																						

SUBTOTAL of Disbursements This Page (optional)	2786.66
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 16 / 109

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Angela Nielsen</p> <p>Mailing Address 123M McKnight Rd N</p> <p>City Saint Paul State MN Zip Code 55119-6653</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5768</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 357.02</p>
<p>B. Full Name (Last, First, Middle Initial) Auto-Owners Insurance</p> <p>Mailing Address 161 Saint Anthony Ave Ste 950</p> <p>City Saint Paul State MN Zip Code 55103-2341</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5770</p> <p>Date of Disbursement 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 218.58</p>
<p>C. Full Name (Last, First, Middle Initial) Bethany Dorobiala</p> <p>Mailing Address 9225 Cornell Bay</p> <p>City Woodbury State MN Zip Code 55125</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5771</p> <p>Date of Disbursement 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 17.54</p>

SUBTOTAL of Disbursements This Page (optional) ▶

593.14

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)

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Bonanza Restaurant	Transaction ID: SB21B.5801
	Mailing Address 824 Paul Bunyan Drive	Date of Disbursement 12 / 04 / 2007
	City Bemidji State MN Zip Code 56619	Amount of Each Disbursement this Period 18.69
	Purpose of Disbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Gina Countryman	Transaction ID: SB21B.5773
	Mailing Address 1282 Deercliff Lane	Date of Disbursement 12 / 28 / 2007
	City Eagan State MN Zip Code 55123	Amount of Each Disbursement this Period 195.85
	Purpose of Disbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Digital Data Systems	Transaction ID: SB21B.5774
	Mailing Address 2118 55th Ave N	Date of Disbursement 12 / 04 / 2007
	City Minneapolis State MN Zip Code 55430	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1695.85
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 18 / 109

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Dorothy Fleming	Transaction ID: SB21B.5775 Date of Disbursement 12 / 12 / 2007
	Mailing Address 3101 Wendhurst Ave Ne	Amount of Each Disbursement this Period 69.63
	City St. Anthony State MN Zip Code 55418	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dorothy Fleming	Transaction ID: SB21B.5778 Date of Disbursement 12 / 19 / 2007
	Mailing Address 3101 Wendhurst Ave Ne	Amount of Each Disbursement this Period 462.66
	City St. Anthony State MN Zip Code 55418	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: SB21B.5779 Date of Disbursement 12 / 04 / 2007
	Mailing Address 7300 Hudson Blvd N Ste 270	Amount of Each Disbursement this Period 6410.00
	City Saint Paul State MN Zip Code 55128-7143	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6942.29
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 19 / 109

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) FLS Connect</p> <p>Mailing Address 7300 Hudson Blvd N Ste 270</p> <p>City Saint Paul State MN Zip Code 55128-7143</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB21B.5780 Date of Disbursement: 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period: 7307.00</p>
<p>B. Full Name (Last, First, Middle Initial) FLS Connect</p> <p>Mailing Address 7300 Hudson Blvd N Ste 270</p> <p>City Saint Paul State MN Zip Code 55128-7143</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB21B.5781 Date of Disbursement: 12 / 19 / 2007</p> <p>Amount of Each Disbursement this Period: 8943.00</p>
<p>C. Full Name (Last, First, Middle Initial) Granite City</p> <p>Mailing Address 11909 Main St</p> <p>City Osseo State MN Zip Code 55369-7098</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB21B.5803 Date of Disbursement: 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period: 43.00</p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>16250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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 20 / 109

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Harry Niezgocki</p> <p>Mailing Address 8261 Red Oak Dr</p> <p>City Stillwater State MN Zip Code 55082</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.5782</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>735.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	4	/	2	0	0	7	735.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	4	/	2	0	0	7													
735.00																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Harry Niezgocki</p> <p>Mailing Address 8261 Red Oak Dr</p> <p>City Stillwater State MN Zip Code 55082</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.5783</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>630.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	4	/	2	0	0	7	630.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	4	/	2	0	0	7													
630.00																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Impact Network Services</p> <p>Mailing Address 119 N. 4th Street Suite 407</p> <p>City Minneapolis State MN Zip Code 55401</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.5785</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	4	/	2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	4	/	2	0	0	7													
500.00																						

SUBTOTAL of Disbursements This Page (optional)	1865.00
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)

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Impact Network Services	Transaction ID: SB21B.5786 Date of Disbursement
	Mailing Address 119 N. 4th Street Suite 407	<input type="text" value="12"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Minneapolis State MN Zip Code 55401	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Impact Network Services	Transaction ID: SB21B.5787 Date of Disbursement
	Mailing Address 119 N. 4th Street Suite 407	<input type="text" value="12"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Minneapolis State MN Zip Code 55401	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1729.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Keys Cafe	Transaction ID: SB21B.5805 Date of Disbursement
	Mailing Address 504 Robert Street	<input type="text" value="12"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City St. Paul State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="20.93"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2229.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<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)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Mark Drake</p> <p>Mailing Address 6863 Christian Curve</p> <p>City Woodbury State MN Zip Code 55125</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5788</p> <p>Date of Disbursement <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="74.65"/></p>
<p>B. Full Name (Last, First, Middle Initial) Neopost</p> <p>Mailing Address PO Box 73727</p> <p>City Chicago State IL Zip Code 60673</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5789</p> <p>Date of Disbursement <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Neopost</p> <p>Mailing Address PO Box 73727</p> <p>City Chicago State IL Zip Code 60673</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5790</p> <p>Date of Disbursement <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2074.65"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Neopost <hr/> Mailing Address PO Box 73727 <hr/> City Chicago State IL Zip Code 60673 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5791 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/Type
	State: District:
	Disbursement For:

B. Full Name (Last, First, Middle Initial) Norlight Telecommunications <hr/> Mailing Address PO Box 740094 <hr/> City Milwaukee State WI Zip Code 45274 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5792 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 978.88
	Category/Type
	State: District:
	Disbursement For:

C. Full Name (Last, First, Middle Initial) Perkins Restaurant <hr/> Mailing Address 3855 No. Lexington Ave <hr/> City Arden Hills State MN Zip Code 55126 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5807 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 7
	Amount of Each Disbursement this Period 18.69
	Category/Type
	State: District:
	Disbursement For:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	1978.88
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)

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Perkins Restaurant</p> <p>Mailing Address 3855 No. Lexington Ave</p> <p>City Arden Hills State MN Zip Code 55126</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5808</p> <p>Date of Disbursement 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 23.79</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Perkins Restaurant</p> <p>Mailing Address 3855 No. Lexington Ave</p> <p>City Arden Hills State MN Zip Code 55126</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5809</p> <p>Date of Disbursement 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 9.00</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Perkins Restaurant</p> <p>Mailing Address 3855 No. Lexington Ave</p> <p>City Arden Hills State MN Zip Code 55126</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5810</p> <p>Date of Disbursement 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 20.93</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Pinnacle Direct	Transaction ID: SB21B.5793 Date of Disbursement 12 / 19 / 2007
	Mailing Address 15260 113th Street North	Amount of Each Disbursement this Period 9597.51
	City Stillwater State MN Zip Code 55082	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) REIT Management	Transaction ID: SB21B.5794 Date of Disbursement 12 / 12 / 2007
	Mailing Address 330 SECOND AVENUE SOUTH	Amount of Each Disbursement this Period 272.00
	City Minneapolis State MN Zip Code 55401	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Resolution Graphics	Transaction ID: SB21B.5795 Date of Disbursement 12 / 04 / 2007
	Mailing Address 2816 Anthony Ln S	Amount of Each Disbursement this Period 2324.06
	City Minneapolis State MN Zip Code 55418	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	12193.57
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)

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Resolution Graphics	Transaction ID: SB21B.5796 Date of Disbursement
	Mailing Address 2816 Anthony Ln S	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Minneapolis State MN Zip Code 55418	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2600.12"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Resolution Graphics	Transaction ID: SB21B.5797 Date of Disbursement
	Mailing Address 2816 Anthony Ln S	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Minneapolis State MN Zip Code 55418	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="979.06"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Resolution Graphics	Transaction ID: SB21B.5798 Date of Disbursement
	Mailing Address 2816 Anthony Ln S	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Minneapolis State MN Zip Code 55418	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1431.66"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5010.84"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 27 / 109

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Ron Carey</p> <p>Mailing Address 2638 146th Ave Ne</p> <p>City Ham Lake State MN Zip Code 55304</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.5799</p> <p>Date of Disbursement 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 510.72</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ron Carey</p> <p>Mailing Address 2638 146th Ave Ne</p> <p>City Ham Lake State MN Zip Code 55304</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.5811</p> <p>Date of Disbursement 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 955.79</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ron Carey</p> <p>Mailing Address 2638 146th Ave Ne</p> <p>City Ham Lake State MN Zip Code 55304</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.5812</p> <p>Date of Disbursement 12 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 840.21</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2306.72

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)

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) SouthWest Publishing <hr/> Mailing Address 2600 NW Topkeka Ave <hr/> City Topeka State KS Zip Code 66617 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.5814 Date of Disbursement 12 / 19 / 2007 <hr/> Amount of Each Disbursement this Period 15225.00
B.	Full Name (Last, First, Middle Initial) Steve Brown Direct Mail, Inc <hr/> Mailing Address 731 Divot Drive <hr/> City Fernley State NV Zip Code 89408 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.5815 Date of Disbursement 12 / 28 / 2007 <hr/> Amount of Each Disbursement this Period 2072.29
C.	Full Name (Last, First, Middle Initial) Thomas P. McGill <hr/> Mailing Address 840 Linwood Ave <hr/> City Saint Paul State MN Zip Code 55105-3324 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.5816 Date of Disbursement 12 / 12 / 2007 <hr/> Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	19297.29
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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 29 / 109

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Thomas P. McGill</p> <p>Mailing Address 840 Linwood Ave</p> <p>City Saint Paul State MN Zip Code 55105-3324</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB21B.5817 Date of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount of Each Disbursement this Period <input type="text"/> 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) University Club Of St. Paul</p> <p>Mailing Address 420 Summit Ave.</p> <p>City St. Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB21B.5777 Date of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount of Each Disbursement this Period <input type="text"/> 35.43</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) US Postmaster</p> <p>Mailing Address 401 Kellogg Blvd E</p> <p>City Saint Paul State MN Zip Code 55101-1427</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB21B.5818 Date of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount of Each Disbursement this Period <input type="text"/> 500.00</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text"/> 2500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 109

<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) US Postmaster <hr/> Mailing Address 401 Kellogg Blvd E <hr/> City Saint Paul State MN Zip Code 55101-1427 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5819 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) US Postmaster <hr/> Mailing Address 401 Kellogg Blvd E <hr/> City Saint Paul State MN Zip Code 55101-1427 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5820 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 725.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) US Postmaster <hr/> Mailing Address 401 Kellogg Blvd E <hr/> City Saint Paul State MN Zip Code 55101-1427 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5821 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 150.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1375.00

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)

<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)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) US Postmaster Mailing Address 401 Kellogg Blvd E City Saint Paul State MN Zip Code 55101-1427 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5822 Date of Disbursement 12 / 19 / 2007
	Amount of Each Disbursement this Period 500.00
B. Full Name (Last, First, Middle Initial) US Postmaster Mailing Address 401 Kellogg Blvd E City Saint Paul State MN Zip Code 55101-1427 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5823 Date of Disbursement 12 / 28 / 2007
	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

80098.89

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 32 / 109

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" 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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Alliance Bank		Transaction ID: SB26.6109																					
	Mailing Address 444 Cedar St		Date of Disbursement																					
	City St Paul State MN Zip Code 55101		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	4	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	0	4	/	2	0	0	7															
Purpose of Disbursement Loan Payment		Amount of Each Disbursement this Period																						
Candidate Name		<table border="1"> <tr> <td colspan="10">2639.96</td> </tr> </table>		2639.96																				
2639.96																								
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Category/ Type																				
State: District:		<input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional)	▶	2639.96
TOTAL This Period (last page this line number only)	▶	2639.96

**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 33 / 109

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial)

Stanley Hubbard

Mailing Address 2289 River Rd S

City State Zip Code
Lakeland MN 55043-9775

Purpose of Disbursement
22Y

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28A.5825

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

10000.00

**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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Aaron Heidebrink	Transaction ID: SB30B.5832 Date of Disbursement 12 / 02 / 2007
	Mailing Address 1975 W University Ave #242	Amount of Each Disbursement this Period 773.93
	City St Paul State MN Zip Code 55105	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Aaron Heidebrink	Transaction ID: SB30B.5900 Date of Disbursement 12 / 21 / 2007
	Mailing Address 1975 W University Ave #242	Amount of Each Disbursement this Period 910.22
	City St Paul State MN Zip Code 55105	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Adam Mohler	Transaction ID: SB30B.5833 Date of Disbursement 12 / 02 / 2007
	Mailing Address 3924 Cedar Grove Pkwy Apt 207	Amount of Each Disbursement this Period 756.83
	City Eagan State MN Zip Code 55122	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Adam Mohler	Transaction ID: SB30B.5901
	Mailing Address 3924 Cedar Grove Pkwy Apt 207	Date of Disbursement 12 / 21 / 2007
	City Eagan State MN Zip Code 55122	Amount of Each Disbursement this Period 933.98
Purpose of Disbursement		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Alexander Argo	Transaction ID: SB30B.5834
	Mailing Address 9428 Erin Ct	Date of Disbursement 12 / 02 / 2007
	City Woodbury State MN Zip Code 55129	Amount of Each Disbursement this Period 279.77
Purpose of Disbursement		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Alexander Argo	Transaction ID: SB30B.5902
	Mailing Address 9428 Erin Ct	Date of Disbursement 12 / 21 / 2007
	City Woodbury State MN Zip Code 55129	Amount of Each Disbursement this Period 245.76
Purpose of Disbursement		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Andrew Holmgren	Transaction ID: SB30B.5835 Date of Disbursement 12 / 02 / 2007
	Mailing Address 545 N Snelling Ave Apt 227	Amount of Each Disbursement this Period 655.65
	City St Paul State MN Zip Code 55107	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Andrew Holmgren	Transaction ID: SB30B.5903 Date of Disbursement 12 / 21 / 2007
	Mailing Address 545 N Snelling Ave Apt 227	Amount of Each Disbursement this Period 796.30
	City St Paul State MN Zip Code 55107	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Angela Nielsen	Transaction ID: SB30B.5836 Date of Disbursement 12 / 02 / 2007
	Mailing Address 123M McKnight Rd N	Amount of Each Disbursement this Period 1745.52
	City Saint Paul State MN Zip Code 55119-6653	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Angela Nielsen</p> <p>Mailing Address 123M McKnight Rd N</p> <p>City Saint Paul State MN Zip Code 55119-6653</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5904 Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1745.52</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Angela Nielsen</p> <p>Mailing Address 123M McKnight Rd N</p> <p>City Saint Paul State MN Zip Code 55119-6653</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5905 Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 3346.92</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Bethany Dorobiala</p> <p>Mailing Address 9225 Cornell Bay</p> <p>City Woodbury State MN Zip Code 55125</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5837 Date of Disbursement 12 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 383.63</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
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 38 / 109

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Bethany Dorobiala	Transaction ID: SB30B.5906 Date of Disbursement 12 / 21 / 2007
	Mailing Address 9225 Cornell Bay	Amount of Each Disbursement this Period 383.63
	City Woodbury State MN Zip Code 55125	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Minnesota	Transaction ID: SB30B.5826 Date of Disbursement 12 / 28 / 2007
	Mailing Address P.O. Box 64338	Amount of Each Disbursement this Period 4859.00
	City St. Paul State MN Zip Code 55164-0179	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chad Raschke	Transaction ID: SB30B.5838 Date of Disbursement 12 / 02 / 2007
	Mailing Address 2514 Woodlynn Ave	Amount of Each Disbursement this Period 306.64
	City Maplewood State MN Zip Code 55109	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

4859.00

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 39 / 109

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Chad Raschke	Transaction ID: SB30B.5907 Date of Disbursement 12 / 21 / 2007
	Mailing Address 2514 Woodlynn Ave	Amount of Each Disbursement this Period 221.54
	City Maplewood State MN Zip Code 55109	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Charles McGill	Transaction ID: SB30B.5839 Date of Disbursement 12 / 02 / 2007
	Mailing Address 3440 Placer Ave	Amount of Each Disbursement this Period 478.90
	City Anoka State MN Zip Code 55303	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Charles McGill	Transaction ID: SB30B.5908 Date of Disbursement 12 / 21 / 2007
	Mailing Address 3440 Placer Ave	Amount of Each Disbursement this Period 442.86
	City Anoka State MN Zip Code 55303	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 109

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Christe Capistrant	Transaction ID: SB30B.5841 Date of Disbursement 12 / 02 / 2007
	Mailing Address 111 E Kellogg Blvd #2911 City St Paul State MN Zip Code 55101 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 374.75 [MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Christe Capistrant	Transaction ID: SB30B.5909 Date of Disbursement 12 / 21 / 2007
	Mailing Address 111 E Kellogg Blvd #2911 City St Paul State MN Zip Code 55101 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 480.83 [MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Christian Darouni	Transaction ID: SB30B.5842 Date of Disbursement 12 / 02 / 2007
	Mailing Address 758 Reaney Ave City St Paul State MN Zip Code 55106 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 639.23 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Christian Darouni</p> <p>Mailing Address 758 Reaney Ave</p> <p>City St Paul State MN Zip Code 55106</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5910 Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 959.14</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Christie Helfman</p> <p>Mailing Address 525 Park St</p> <p>City Saint Paul State MN Zip Code 55103-2111</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5843 Date of Disbursement 12 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 175.57</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Christie Helfman</p> <p>Mailing Address 525 Park St</p> <p>City Saint Paul State MN Zip Code 55103-2111</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5911 Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 115.47</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Clinton Foster	Transaction ID: SB30B.5845 Date of Disbursement 12 / 02 / 2007
	Mailing Address 386 Sterling St S	Amount of Each Disbursement this Period 48.10
	City St Paul State MN Zip Code 55119	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Clinton Foster	Transaction ID: SB30B.5912 Date of Disbursement 12 / 21 / 2007
	Mailing Address 386 Sterling St S	Amount of Each Disbursement this Period 104.85
	City St Paul State MN Zip Code 55119	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Gina Countryman	Transaction ID: SB30B.5827 Date of Disbursement 12 / 12 / 2007
	Mailing Address 1282 Deercliff Lane	Amount of Each Disbursement this Period 395.70
	City Eagan State MN Zip Code 55123	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

395.70

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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Dallas Hansen</p> <p>Mailing Address 11210 Partridge St Dh</p> <p>City Coon Rapids State MN Zip Code 55433</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5847 Date of Disbursement 12 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 618.32</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Dallas Hansen</p> <p>Mailing Address 11210 Partridge St Dh</p> <p>City Coon Rapids State MN Zip Code 55433</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5915 Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 738.19</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Dana Payne</p> <p>Mailing Address 8601 Edenbrook Crossing</p> <p>City Minneapolis State MN Zip Code 55402</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5848 Date of Disbursement 12 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 177.35</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
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 44 / 109

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Dana Payne</p> <p>Mailing Address 8601 Edenbrook Crossing</p> <p>City Minneapolis State MN Zip Code 55402</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5916 Date of Disbursement: 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 771.37</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Darren Bearson</p> <p>Mailing Address 3935 Yellowstone Lane N</p> <p>City Plymouth State MN Zip Code 55446</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5849 Date of Disbursement: 12 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 2545.59</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Darren Bearson</p> <p>Mailing Address 3935 Yellowstone Lane N</p> <p>City Plymouth State MN Zip Code 55446</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5917 Date of Disbursement: 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 2545.59</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Darren Bearson	Transaction ID: SB30B.5828 Date of Disbursement 12 / 28 / 2007
	Mailing Address 3935 Yellowstone Lane N	Amount of Each Disbursement this Period 447.21
	City Plymouth State MN Zip Code 55446	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) David Rupprecht	Transaction ID: SB30B.5850 Date of Disbursement 12 / 02 / 2007
	Mailing Address 1550 Edgerton St Apt 303	Amount of Each Disbursement this Period 124.25
	City St Paul State MN Zip Code 55105	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) David Rupprecht	Transaction ID: SB30B.5918 Date of Disbursement 12 / 21 / 2007
	Mailing Address 1550 Edgerton St Apt 303	Amount of Each Disbursement this Period 116.83
	City St Paul State MN Zip Code 55105	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

447.21

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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Dennis Scott	Transaction ID: SB30B.5851 Date of Disbursement 12 / 02 / 2007
	Mailing Address 680 Stewart Ave Sco	Amount of Each Disbursement this Period 70.35
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Dorothy Fleming	Transaction ID: SB30B.5852 Date of Disbursement 12 / 02 / 2007
	Mailing Address 3101 Wendhurst Ave Ne	Amount of Each Disbursement this Period 1443.61
	City St. Anthony State MN Zip Code 55418	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Dorothy Fleming	Transaction ID: SB30B.5919 Date of Disbursement 12 / 21 / 2007
	Mailing Address 3101 Wendhurst Ave Ne	Amount of Each Disbursement this Period 1443.61
	City St. Anthony State MN Zip Code 55418	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Dustin Johnson	Transaction ID: SB30B.5853 Date of Disbursement
	Mailing Address 9556 79th St S	<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City Cottage Grove State MN Zip Code 55016	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="187.08"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Dustin Johnson	Transaction ID: SB30B.5920 Date of Disbursement
	Mailing Address 9556 79th St S	<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City Cottage Grove State MN Zip Code 55016	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="325.22"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Ameriprise Financial Services	Transaction ID: SB30B.5830 Date of Disbursement
	Mailing Address 70205 Ameriprise Financial Center	<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
	City Minneapolis State MN Zip Code 55474	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="890.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="890.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Gina Lynn Countryman	Transaction ID: SB30B.5846 Date of Disbursement 12 / 02 / 2007
	Mailing Address 1282 Deercliff Ln	Amount of Each Disbursement this Period 1250.39
	City Eagan State MN Zip Code 55123	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Gina Lynn Countryman	Transaction ID: SB30B.5913 Date of Disbursement 12 / 21 / 2007
	Mailing Address 1282 Deercliff Ln	Amount of Each Disbursement this Period 192.39
	City Eagan State MN Zip Code 55123	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Gina Lynn Countryman	Transaction ID: SB30B.5914 Date of Disbursement 12 / 21 / 2007
	Mailing Address 1282 Deercliff Ln	Amount of Each Disbursement this Period 1250.39
	City Eagan State MN Zip Code 55123	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Jared Foster	Transaction ID: SB30B.5854 Date of Disbursement 12 / 02 / 2007
	Mailing Address 386 Sterling St S	Amount of Each Disbursement this Period 177.27
	City State Zip Code Maplewood MN 55119	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Jared Foster	Transaction ID: SB30B.5921 Date of Disbursement 12 / 21 / 2007
	Mailing Address 386 Sterling St S	Amount of Each Disbursement this Period 335.07
	City State Zip Code Maplewood MN 55119	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Jason Arrington	Transaction ID: SB30B.5856 Date of Disbursement 12 / 02 / 2007
	Mailing Address 3839 2nd. Ave. Ne	Amount of Each Disbursement this Period 368.79
	City State Zip Code Columbia Heights MN 55421	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Jason Arrington</p> <p>Mailing Address 3839 2nd. Ave. Ne</p> <p>City Columbia Heights State MN Zip Code 55421</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5922 Date of Disbursement <input type="text"/> 1 2 / <input type="text"/> 2 1 / <input type="text"/> 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text"/> 259.84</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Jeannette Manning</p> <p>Mailing Address 749 Ottawa Ave</p> <p>City St Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5858 Date of Disbursement <input type="text"/> 1 2 / <input type="text"/> 0 2 / <input type="text"/> 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text"/> 441.18</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Jeannette Manning</p> <p>Mailing Address 749 Ottawa Ave</p> <p>City St Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5923 Date of Disbursement <input type="text"/> 1 2 / <input type="text"/> 2 1 / <input type="text"/> 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text"/> 394.66</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text"/> 0.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Jeffrey Richter	Transaction ID: SB30B.5859 Date of Disbursement 12 / 02 / 2007
	Mailing Address 825 Kansas Ave	Amount of Each Disbursement this Period 360.14
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Jeffrey Richter	Transaction ID: SB30B.5924 Date of Disbursement 12 / 21 / 2007
	Mailing Address 825 Kansas Ave	Amount of Each Disbursement this Period 490.45
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Jeff Sieck	Transaction ID: SB30B.5860 Date of Disbursement 12 / 02 / 2007
	Mailing Address 120 Ruth Street Suite 1	Amount of Each Disbursement this Period 348.40
	City St. Paul State MN Zip Code 55119	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Jeff Sieck	Transaction ID: SB30B.5925 Date of Disbursement 12 / 21 / 2007
	Mailing Address 120 Ruth Street Suite 1	Amount of Each Disbursement this Period 406.71
	City St. Paul State MN Zip Code 55119	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Jessica Lawler	Transaction ID: SB30B.5861 Date of Disbursement 12 / 02 / 2007
	Mailing Address 223 Bates St #707	Amount of Each Disbursement this Period 166.27
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Jessica Lawler	Transaction ID: SB30B.5926 Date of Disbursement 12 / 21 / 2007
	Mailing Address 223 Bates St #707	Amount of Each Disbursement this Period 252.10
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial)

Joel Cary

Mailing Address 12809 44th PI NE

City State Zip Code
Saint Michael MN 55376-3030

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB30B.5862

Date of Disbursement

12 / 02 / 2007

Amount of Each Disbursement this Period

2263.08

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Joel Cary

Mailing Address 12809 44th PI NE

City State Zip Code
Saint Michael MN 55376-3030

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB30B.5927

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

2263.08

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Joel Chavez

Mailing Address 475 Dayton Ave Apt 1

City State Zip Code
St Paul MN 55102

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB30B.5863

Date of Disbursement

12 / 02 / 2007

Amount of Each Disbursement this Period

160.52

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Joel Chavez</p> <p>Mailing Address 475 Dayton Ave Apt 1</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5928 Date of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount of Each Disbursement this Period <input type="text"/> 194.88</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) John Suder</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5864 Date of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount of Each Disbursement this Period <input type="text"/> 881.51</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) John Suder</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5929 Date of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount of Each Disbursement this Period <input type="text"/> 1071.72</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text"/> 0.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Joseph Slattery	Transaction ID: SB30B.5865 Date of Disbursement 12 / 02 / 2007
	Mailing Address 223 Bates St #707	Amount of Each Disbursement this Period 194.63
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Joseph Slattery	Transaction ID: SB30B.5930 Date of Disbursement 12 / 21 / 2007
	Mailing Address 223 Bates St #707	Amount of Each Disbursement this Period 239.71
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Judy Hill	Transaction ID: SB30B.5866 Date of Disbursement 12 / 02 / 2007
	Mailing Address 830 Upton Ave N	Amount of Each Disbursement this Period 112.20
	City Minneapolis State MN Zip Code 55411-3532	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Judy Hill</p> <p>Mailing Address 830 Upton Ave N</p> <p>City Minneapolis State MN Zip Code 55411-3532</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5931 Date of Disbursement: 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 342.38</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Kathleen Hupalo</p> <p>Mailing Address 684 Delaware Ave</p> <p>City St Paul State MN Zip Code 55107</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5867 Date of Disbursement: 12 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 250.95</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Kathleen Hupalo</p> <p>Mailing Address 684 Delaware Ave</p> <p>City St Paul State MN Zip Code 55107</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5932 Date of Disbursement: 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 304.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
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 57 / 109

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Landrey Mckinzie	Transaction ID: SB30B.5868 Date of Disbursement 12 / 02 / 2007
	Mailing Address 7338 Jewel Ave S	Amount of Each Disbursement this Period 380.71
	City Cottage Grove State MN Zip Code 55016	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Landrey Mckinzie	Transaction ID: SB30B.5933 Date of Disbursement 12 / 21 / 2007
	Mailing Address 7338 Jewel Ave S	Amount of Each Disbursement this Period 376.84
	City Cottage Grove State MN Zip Code 55016	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Lori-anne Pizzella	Transaction ID: SB30B.5869 Date of Disbursement 12 / 02 / 2007
	Mailing Address 680 Stewart Ave Lp	Amount of Each Disbursement this Period 620.25
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Lori-anne Pizzella	Transaction ID: SB30B.5934 Date of Disbursement 12 / 21 / 2007
	Mailing Address 680 Stewart Ave Lp	Amount of Each Disbursement this Period 763.46
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Donna Magee	Transaction ID: SB30B.5870 Date of Disbursement 12 / 02 / 2007
	Mailing Address 680 Stewart Ave	Amount of Each Disbursement this Period 379.67
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Donna Magee	Transaction ID: SB30B.5935 Date of Disbursement 12 / 21 / 2007
	Mailing Address 680 Stewart Ave	Amount of Each Disbursement this Period 389.73
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Maria Rangel	Transaction ID: SB30B.5871
	Mailing Address 8425 Harkness Rd	Date of Disbursement 12 / 02 / 2007
	City Cottage Grove State MN Zip Code 55016	Amount of Each Disbursement this Period 173.58
	Purpose of Disbursement	[MEMO ITEM]
	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Maria Rangel	Transaction ID: SB30B.5936
	Mailing Address 8425 Harkness Rd	Date of Disbursement 12 / 21 / 2007
	City Cottage Grove State MN Zip Code 55016	Amount of Each Disbursement this Period 165.82
	Purpose of Disbursement	[MEMO ITEM]
	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Mark Drake	Transaction ID: SB30B.5872
	Mailing Address 6863 Christian Curve	Date of Disbursement 12 / 02 / 2007
	City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period 1825.74
	Purpose of Disbursement	[MEMO ITEM]
	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Mark Drake</p> <p>Mailing Address 6863 Christian Curve</p> <p>City Woodbury State MN Zip Code 55125</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5937 Date of Disbursement: 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1825.74</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Martha Nichols</p> <p>Mailing Address 2124 Bates Ave. H4</p> <p>City St. Paul State MN Zip Code 55106</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5873 Date of Disbursement: 12 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 407.73</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Martha Nichols</p> <p>Mailing Address 2124 Bates Ave. H4</p> <p>City St. Paul State MN Zip Code 55106</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5938 Date of Disbursement: 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 479.77</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Melissa Williams <hr/> Mailing Address 411 Andall St <hr/> City Circle Pines State MN Zip Code 55014-2056 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.5874 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 7
	Amount of Each Disbursement this Period 521.38
	[MEMO ITEM]
	Category/Type
B. Full Name (Last, First, Middle Initial) Melissa Williams <hr/> Mailing Address 411 Andall St <hr/> City Circle Pines State MN Zip Code 55014-2056 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.5939 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 7
	Amount of Each Disbursement this Period 419.66
	[MEMO ITEM]
	Category/Type
C. Full Name (Last, First, Middle Initial) Michael A. Wright <hr/> Mailing Address 2477 Indian Way <hr/> City St Paul State MN Zip Code 55109 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.5875 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 7
	Amount of Each Disbursement this Period 461.95
	[MEMO ITEM]
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Michael A. Wright</p> <p>Mailing Address 2477 Indian Way</p> <p>City St Paul State MN Zip Code 55109</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5940 Date of Disbursement <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y 1 2 / 2 1 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text"/> 474.45</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Nicholas Leonetti</p> <p>Mailing Address 968 Lawson Ave. E.</p> <p>City St. Paul State MN Zip Code 55106</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5876 Date of Disbursement <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y 1 2 / 0 2 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text"/> 384.38</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Nicholas Leonetti</p> <p>Mailing Address 968 Lawson Ave. E.</p> <p>City St. Paul State MN Zip Code 55106</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5956 Date of Disbursement <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y 1 2 / 2 1 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text"/> 560.91</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text"/> 0.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Pamela Finney</p> <p>Mailing Address 441 Wheeler St N #1</p> <p>City St Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5877</p> <p>Date of Disbursement <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y</p> <p>Amount of Each Disbursement this Period <input type="text"/> 258.28</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Pamela Finney</p> <p>Mailing Address 441 Wheeler St N #1</p> <p>City St Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5941</p> <p>Date of Disbursement <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y</p> <p>Amount of Each Disbursement this Period <input type="text"/> 326.34</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Patrick Beezley</p> <p>Mailing Address 577 Grand Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5878</p> <p>Date of Disbursement <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y</p> <p>Amount of Each Disbursement this Period <input type="text"/> 577.21</p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text"/> 0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Patrick Beezley</p> <p>Mailing Address 577 Grand Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5942 Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 721.76</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Patty Daugherty</p> <p>Mailing Address 1395a Farrington</p> <p>City St Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5879 Date of Disbursement 12 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 371.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Patty Daugherty</p> <p>Mailing Address 1395a Farrington</p> <p>City St Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5943 Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 358.04</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Paychex Mailing Address 1210 Northland Drive Suite 100 City Mendota Heights State MN Zip Code 55120 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.5831 Date of Disbursement 12 / 02 / 2007	Amount of Each Disbursement this Period 32638.46
B.	Full Name (Last, First, Middle Initial) Paychex Mailing Address 1210 Northland Drive Suite 100 City Mendota Heights State MN Zip Code 55120 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.5893 Date of Disbursement 12 / 06 / 2007	Amount of Each Disbursement this Period 886.89
C.	Full Name (Last, First, Middle Initial) Paychex Mailing Address 1210 Northland Drive Suite 100 City Mendota Heights State MN Zip Code 55120 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.5894 Date of Disbursement 12 / 07 / 2007	Amount of Each Disbursement this Period 13983.37

SUBTOTAL of Disbursements This Page (optional) ▶	47508.72
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 66 / 109

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1210 Northland Drive Suite 100</p> <p>City Mendota Heights State MN Zip Code 55120</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB30B.5895</p> <p>Date of Disbursement 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 393.56</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1210 Northland Drive Suite 100</p> <p>City Mendota Heights State MN Zip Code 55120</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB30B.5896</p> <p>Date of Disbursement 12 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 910.91</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1210 Northland Drive Suite 100</p> <p>City Mendota Heights State MN Zip Code 55120</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB30B.5897</p> <p>Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 16191.64</p>

SUBTOTAL of Disbursements This Page (optional) ▶

17496.11

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB30B.5898 Date of Disbursement 12 / 21 / 2007
	Mailing Address 1210 Northland Drive Suite 100	Amount of Each Disbursement this Period 2337.00
	City Mendota Heights State MN Zip Code 55120	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB30B.5899 Date of Disbursement 12 / 21 / 2007
	Mailing Address 1210 Northland Drive Suite 100	Amount of Each Disbursement this Period 40500.92
	City Mendota Heights State MN Zip Code 55120	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Principal Life Insurance Company	Transaction ID: SB30B.5957 Date of Disbursement 12 / 28 / 2007
	Mailing Address 11100 Wayzata Blvd. # 211	Amount of Each Disbursement this Period 586.01
	City Minnetonka State MN Zip Code 55305	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	43423.93
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Raymond Forrest</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.5880 Date of Disbursement 12 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 312.10</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Raymond Forrest</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.5944 Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 557.45</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Ronald Huettl</p> <p>Mailing Address 70 Virginia St #1</p> <p>City St Paul State MN Zip Code 55107</p> <p>Purpose of Disbursement <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.5881 Date of Disbursement 12 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 1470.48</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial)
Ronald Huettl

Transaction ID: SB30B.5945
Date of Disbursement

Mailing Address 70 Virginia St
#1

12 / 21 / 2007

City St Paul State MN Zip Code 55107

Amount of Each Disbursement this Period

1470.48

Purpose of Disbursement

Category/Type

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Ron Carey

Transaction ID: SB30B.5882
Date of Disbursement

Mailing Address 2638 146th Ave Ne

12 / 02 / 2007

City Ham Lake State MN Zip Code 55304

Amount of Each Disbursement this Period

2705.39

Purpose of Disbursement

Category/Type

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Ron Carey

Transaction ID: SB30B.5946
Date of Disbursement

Mailing Address 2638 146th Ave Ne

12 / 21 / 2007

City Ham Lake State MN Zip Code 55304

Amount of Each Disbursement this Period

2705.39

Purpose of Disbursement

Category/Type

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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 70 / 109

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Sarah Hansen-jones</p> <p>Mailing Address 505 E Hoyt Ave</p> <p>City St Paul State MN Zip Code 55105</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5883 Date of Disbursement <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="293.11"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Sarah Hansen-jones</p> <p>Mailing Address 505 E Hoyt Ave</p> <p>City St Paul State MN Zip Code 55105</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5947 Date of Disbursement <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="608.65"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Shawn Ricks</p> <p>Mailing Address 1871 East 7th St. # 6</p> <p>City St. Paul State MN Zip Code 55115</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5884 Date of Disbursement <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="205.25"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements 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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Shawn Ricks	Transaction ID: SB30B.5948 Date of Disbursement 12 / 21 / 2007
	Mailing Address 1871 East 7th St. # 6	Amount of Each Disbursement this Period 344.54
	City St. Paul State MN Zip Code 55115	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Theodore Culbertson	Transaction ID: SB30B.5885 Date of Disbursement 12 / 02 / 2007
	Mailing Address 680 Stewart Ave	Amount of Each Disbursement this Period 369.06
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Theodore Culbertson	Transaction ID: SB30B.5949 Date of Disbursement 12 / 21 / 2007
	Mailing Address 680 Stewart Ave	Amount of Each Disbursement this Period 452.80
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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 72 / 109

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Thomas Gildemeister</p> <p>Mailing Address 1403 Robert E Lee Ln</p> <p>City Brentwood State TN Zip Code 37027</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5950 Date of Disbursement: 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 264.46</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Thomas Hoffman</p> <p>Mailing Address 6051 Courtyly Alcove #e</p> <p>City Woodbury State MN Zip Code 55125</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5886 Date of Disbursement: 12 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 71.89</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Thomas Hoffman</p> <p>Mailing Address 6051 Courtyly Alcove #e</p> <p>City Woodbury State MN Zip Code 55125</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5951 Date of Disbursement: 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 114.82</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Timothy L. Young</p> <p>Mailing Address 680 Stewart Avenue</p> <p>City St. Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5888 Date of Disbursement: 12 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 157.60</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Timothy L. Young</p> <p>Mailing Address 680 Stewart Avenue</p> <p>City St. Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5952 Date of Disbursement: 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 300.11</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Travis Symoniak</p> <p>Mailing Address 12457 Ilex St NW</p> <p>City Coon Rapids State MN Zip Code 55448</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5890 Date of Disbursement: 12 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 357.66</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Travis Symoniak</p> <p>Mailing Address 12457 Ilex St NW</p> <p>City Coon Rapids State MN Zip Code 55448</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5953 Date of Disbursement: 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period <input type="text" value="357.66"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Vickie Rasmussen</p> <p>Mailing Address 1870 Old Hudson Road</p> <p>City St. Paul State MN Zip Code 55119</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5891 Date of Disbursement: 12 / 02 / 2007</p> <p>Amount of Each Disbursement this Period <input type="text" value="171.01"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Vickie Rasmussen</p> <p>Mailing Address 1870 Old Hudson Road</p> <p>City St. Paul State MN Zip Code 55119</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB30B.5954 Date of Disbursement: 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period <input type="text" value="434.73"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 75 / 109

<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"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) William Milbach <hr/> Mailing Address 1438 N Pascal <hr/> City St Paul State MN Zip Code 55102 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.5892 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 7
	Amount of Each Disbursement this Period 1402.10 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) William Milbach <hr/> Mailing Address 1438 N Pascal <hr/> City St Paul State MN Zip Code 55102 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.5955 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 7
	Amount of Each Disbursement this Period 1402.10 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

115020.67

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

Transaction ID: SC/10.4884

LOAN SOURCE Full Name (Last, First, Middle Initial) Alliance Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 444 Cedar St	
City St Paul State MN ZIP Code 55101	

Original Amount of Loan 271000.00	Cumulative Payment To Date 9989.32	Balance Outstanding at Close of This Period 261010.68
--------------------------------------	---------------------------------------	--

TERMS

Date Incurred MM DD YYYY 08 09 2007	Date Due 8/9/08	Interest Rate 8.20 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="261010.68"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="261010.68"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Targeted Creative Communication			Nature of Debt (Purpose): Generic Non-Allocable Vol-unteer Mail
Mailing Address 106 S. Columbus Street			
City Alexandria	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period 7211.90		Transaction ID: SD10.4830	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7211.90	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Targeted Creative Communication			Nature of Debt (Purpose): Generic Non-Allocable Vol-unteer Mail
Mailing Address 106 S. Columbus Street			
City Alexandria	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period 8023.81		Transaction ID: SD10.4832	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8023.81	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Targeted Creative Communication			Nature of Debt (Purpose): Generic Non-Allocable Vol-unteer Mail
Mailing Address 106 S. Columbus Street			
City Alexandria	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period 9765.19		Transaction ID: SD10.4833	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9765.19	

1) SUBTOTALS This Period This Page (optional).....	▶	25000.90
2) TOTALS This Period (last page this line number only).....	▶	25000.90
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	261010.68
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	286011.58

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE78 / 109

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.
For PACs Only : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

Fundraising event 2007 (01/31/2007)

ACTIVITY IS:

 Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

 New Revised Same as Previously Reported

FEDERAL %

36.00 %

NONFEDERAL %

64.00 %Transaction ID:
H2.6107

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 REPUBLICAN PARTY OF MINNESOTA

NAME OF ACCOUNT REPUBLICAN PARTY OF MINNESOTA	DATE OF RECEIPT M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 7	TOTAL AMOUNT TRANSFERRED 19609.38
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	19609.38	Transaction ID: H3.6103
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 REPUBLICAN PARTY OF MINNESOTA

NAME OF ACCOUNT REPUBLICAN PARTY OF MINNESOTA	DATE OF RECEIPT M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 7	TOTAL AMOUNT TRANSFERRED 737.85
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BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		737.85 Transaction ID: H3.6104
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		
		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 REPUBLICAN PARTY OF MINNESOTA

NAME OF ACCOUNT REPUBLICAN PARTY OF MINNESOTA	DATE OF RECEIPT M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 7	TOTAL AMOUNT TRANSFERRED 8239.94
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BREAKDOWN OF TRANSFER RECEIVED		8239.94
i) Total Administrative		Transaction ID: H3.6105
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 REPUBLICAN PARTY OF MINNESOTA

NAME OF ACCOUNT REPUBLICAN PARTY OF MINNESOTA	DATE OF RECEIPT M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 7	TOTAL AMOUNT TRANSFERRED 12340.43
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	12340.43	Transaction ID: H3.6106
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	40927.60
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	40927.60

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Paychex			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1210 Northland Drive Suite 100			Allocated Activity or Event Year-To-Date 552052.47		
City Mendota Heights	State MN	Zip Code 55120	Date <input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: See Below: Non-FEA Salary			Transaction ID: H4.5958		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1395.51		2480.92		3876.43

B. Full Name (Last, First, Middle Initial) Barbara Linert			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 4282 Braddock Trl			Allocated Activity or Event Year-To-Date 552052.47		
City Eagan	State MN	Zip Code 55123	Date <input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Non-FEA Salary			Transaction ID: H4.5960		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
322.27		572.92		895.19

C. Full Name (Last, First, Middle Initial) Joel Chavez			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 475 Dayton Ave Apt 1			Allocated Activity or Event Year-To-Date 552052.47		
City St Paul	State MN	Zip Code 55102	Date <input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Non-FEA Salary			Transaction ID: H4.5961		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
184.89		328.68		513.57

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1395.51		2480.92		3876.43

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Christy McGill			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 840 Linwood Ave			Allocated Activity or Event Year-To-Date [552052.47]	
City Saint Paul	State MN	Zip Code 55105-3324	Date M M / D D / Y Y Y Y [1 2 / 0 2 / 2 0 0 7] Transaction ID: H4.5963	
Purpose of Disbursement: Non-FEA Salary				
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[130.05]		[231.20]		[361.25]

B. Full Name (Last, First, Middle Initial) Dana Payne			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 8601 Edenbrook Crossing			Allocated Activity or Event Year-To-Date [552052.47]	
City Minneapolis	State MN	Zip Code 55402	Date M M / D D / Y Y Y Y [1 2 / 0 2 / 2 0 0 7] Transaction ID: H4.5964	
Purpose of Disbursement: Non-FEA Salary				
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[97.34]		[173.04]		[270.38]

C. Full Name (Last, First, Middle Initial) Nicholas Erickson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 239 MacKubin St			Allocated Activity or Event Year-To-Date [552052.47]	
City St. Paul	State MN	Zip Code 55102	Date M M / D D / Y Y Y Y [1 2 / 0 2 / 2 0 0 7] Transaction ID: H4.5965	
Purpose of Disbursement: Non-FEA Salary				
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[335.41]		[596.28]		[931.69]

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[0.00]		[0.00]		[0.00]

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[]	[]	[]

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Timothy Gould			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 192 Linden Circle			Allocated Activity or Event Year-To-Date 552052.47		
City	State	Zip Code	Category/Type		
Apple Valley	MN	55124			
Purpose of Disbursement: Non-FEA Salary					
Activity or Event Identifier: Administrative [MEMO ITEM]			Date <input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2007"/> Transaction ID: H4.5966		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
325.57		578.78		904.35

B. Full Name (Last, First, Middle Initial) Advantage paper			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 310 Congress St NW			Allocated Activity or Event Year-To-Date 552253.72		
City	State	Zip Code	Category/Type		
Maple Lake	MN	55358			
Purpose of Disbursement: General Office Supplies					
Activity or Event Identifier: Administrative			Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/> Transaction ID: H4.5967		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
72.45		128.80		201.25

C. Full Name (Last, First, Middle Initial) Comcast Corporation			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1500 Market Street			Allocated Activity or Event Year-To-Date 552361.24		
City	State	Zip Code	Category/Type		
Philadelphia	PA	19102			
Purpose of Disbursement: Cable					
Activity or Event Identifier: Administrative			Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/> Transaction ID: H4.5969		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.71		68.81		107.52

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
111.16		197.61		308.77

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Hub Properties Trust			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Reit Management Research 330 2nd. Ave. S Suite 110			Allocated Activity or Event Year-To-Date 563721.32		
City Minneapolis	State MN	Zip Code 55401	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Rent			Transaction ID: H4.5971		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4089.63		7270.45		11360.08

B. Full Name (Last, First, Middle Initial) Huckaby, Davis & Lisker			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 228 S Washington St Ste 115			Allocated Activity or Event Year-To-Date 564607.76		
City Alexandria	State VA	Zip Code 22314-5404	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Party Accounting Services			Transaction ID: H4.5972		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
319.12		567.32		886.44

C. Full Name (Last, First, Middle Initial) SMD Copy Systems			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 6520 W Lake St			Allocated Activity or Event Year-To-Date 565224.56		
City Minneapolis	State MN	Zip Code 55408	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: General Office Supplies			Transaction ID: H4.5974		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
222.05		394.75		616.80

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4630.80		8232.52		12863.32

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Staples			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 9020			Allocated Activity or Event Year-To-Date 565257.62		
City	State	Zip Code	Category/ Type		
Des Moines	IA	50368-9020			
Purpose of Disbursement: General Office Supplies			Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: Administrative			Transaction ID: H4.5975		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.90		21.16		33.06

B. Full Name (Last, First, Middle Initial) Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 790422			Allocated Activity or Event Year-To-Date 565588.39		
City	State	Zip Code	Category/ Type		
St. Louis	MO	63179			
Purpose of Disbursement: Party Telephone Expense			Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: Administrative			Transaction ID: H4.5976		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
119.08		211.69		330.77

C. Full Name (Last, First, Middle Initial) Barbara Linert			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 4282 Braddock Trl			Allocated Activity or Event Year-To-Date 565863.32		
City	State	Zip Code	Category/ Type		
Eagan	MN	55123			
Purpose of Disbursement: SEE BELOW: Flowers & Coffee			Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: Administrative			Transaction ID: H4.5977		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
98.97		175.96		274.93

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
229.95		408.81		638.76

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Rainbow Foods Mailing Address Corner of Rice and University Ave City State Zip Code St. Paul MN 55103 Purpose of Disbursement: ITEMIZE: Linert- Party Food Activity or Event Identifier: Administrative [MEMO ITEM]	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 12 / 04 / 2007 Transaction ID: H4.5979
--	--

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.16		3.83		5.99

B. Full Name (Last, First, Middle Initial) Rainbow Foods Mailing Address Corner of Rice and University Ave City State Zip Code St. Paul MN 55103 Purpose of Disbursement: ITEMIZE: Linert- Coffee Activity or Event Identifier: Administrative [MEMO ITEM]	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 12 / 04 / 2007 Transaction ID: H4.5980
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.45		32.79		51.24

C. Full Name (Last, First, Middle Initial) Eagan Floral Mailing Address 1280 Town County Drive City State Zip Code Eagan MN 55123 Purpose of Disbursement: ITEMIZE: Linert- Flowers Activity or Event Identifier: Administrative [MEMO ITEM]	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date 12 / 04 / 2007 Transaction ID: H4.5982
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.09		37.49		58.58

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial)
Walmart

Mailing Address
1360 Town Country Drive

City State Zip Code
Eagan MN 55123

Purpose of Disbursement:
ITEMIZE: Linert- Coffee

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

565863.32

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 12 / 04 / 2007

Transaction ID: H4.5984

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.59		17.05		26.64

B. Full Name (Last, First, Middle Initial)
Nicholas Erickson

Mailing Address
239 MacKubin St

City State Zip Code
St. Paul MN 55102

Purpose of Disbursement:
ITEMIZE: Linert- Stylus

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

565863.32

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 12 / 04 / 2007

Transaction ID: H4.5985

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.97		3.51		5.48

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

Mailing Address
4220 Lexington Ave S

City State Zip Code
Eagan MN 55123

Purpose of Disbursement:
ITEMIZE: Linert- Card

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

565863.32

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 12 / 04 / 2007

Transaction ID: H4.5987

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.76		1.36		2.12

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial)
Rose Flower Shop

Mailing Address
1375 S Columbia Rd

City State Zip Code
Grand Forks ND 58201-4015

Purpose of Disbursement:
ITEMIZE: Linert- Flowers

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

565863.32

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 12 / 04 / 2007

Transaction ID: H4.5989

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.96		79.92		124.88

B. Full Name (Last, First, Middle Initial)
Ron Carey

Mailing Address
2638 146th Ave Ne

City State Zip Code
Ham Lake MN 55304

Purpose of Disbursement:
SEE BELOW: Reimb-Telephone

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

566310.58

Activity or Event Identifier:
Administrative

Date 12 / 04 / 2007

Transaction ID: H4.5990

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
161.01		286.25		447.26

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

Mailing Address
PO Box 152046

City State Zip Code
Irving TX 75015

Purpose of Disbursement:
ITEMIZE: Carey Telephone

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

566310.58

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 12 / 04 / 2007

Transaction ID: H4.5992

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
161.01		286.25		447.26

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
161.01		286.25		447.26

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Visa Elan			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 7300 Chapman Highway			Allocated Activity or Event Year-To-Date 569174.28		
City Knoxville	State TN	Zip Code 37920	Date MM / DD / YYYY 12 / 04 / 2007		
Purpose of Disbursement: E-Merchant Fees			Transaction ID: H4.5994		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1030.93		1832.77		2863.70

B. Full Name (Last, First, Middle Initial) Trimble and Associates			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 6381 Osgood Ave N			Allocated Activity or Event Year-To-Date 569674.28		
City Hopkins	State MN	Zip Code 55305	Date MM / DD / YYYY 12 / 12 / 2007		
Purpose of Disbursement: Legal Fees			Transaction ID: H4.5996		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
180.00		320.00		500.00

C. Full Name (Last, First, Middle Initial) UPS Store			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3432 Denmark Ave			Allocated Activity or Event Year-To-Date 569681.47		
City Eagan	State MN	Zip Code 55123	Date MM / DD / YYYY 12 / 12 / 2007		
Purpose of Disbursement: Party Printing/ Non FEA			Transaction ID: H4.5997		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.59		4.60		7.19

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1213.52		2157.37		3370.89

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Whatever Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 240 WYNDHAM CIRCLE W.			Allocated Activity or Event Year-To-Date 569931.47		
City NEW BRIGHTON	State MN	Zip Code 55112	Date <input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Party Accounting Services			Transaction ID: H4.5998		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
90.00		160.00		250.00

B. Full Name (Last, First, Middle Initial) Corner Marking			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1174 7th St W			Allocated Activity or Event Year-To-Date 569955.01		
City St Paul	State MN	Zip Code 55102	Date <input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: General Office Supplies			Transaction ID: H4.6000		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.47		15.07		23.54

C. Full Name (Last, First, Middle Initial) Embarq			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 660068			Allocated Activity or Event Year-To-Date 569955.01		
City Dallas	State TX	Zip Code 75266	Date <input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Cary- Computer Service			Transaction ID: H4.6010		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.73		49.30		77.03

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
98.47		175.07		273.54

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Advantage paper			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 310 Congress St NW			Allocated Activity or Event Year-To-Date 570232.38	
City Maple Lake	State MN	Zip Code 55358	Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 7 Transaction ID: H4.6001	
Purpose of Disbursement: General Office Supplies				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
99.85		177.52		277.37

B. Full Name (Last, First, Middle Initial) Bryan Cave LLP			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 700 13th St NW			Allocated Activity or Event Year-To-Date 571846.68	
City Washington	State DC	Zip Code 20005-3960	Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 7 Transaction ID: H4.6002	
Purpose of Disbursement: Legal Fees				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
581.15		1033.15		1614.30

C. Full Name (Last, First, Middle Initial) Lexis Nexis			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2314			Allocated Activity or Event Year-To-Date 572309.68	
City Carol Stream	State IL	Zip Code 60132	Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 7 Transaction ID: H4.6003	
Purpose of Disbursement: Office Computer Services				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
166.68		296.32		463.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
847.68		1506.99		2354.67

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Staples			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 9020			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">572796.33</div>		
City Des Moines	State IA	Zip Code 50368-9020	Date M M / D D / Y Y Y Y 12 / 19 / 2007 Transaction ID: H4.6004		
Purpose of Disbursement: General Office Supplies		Category/ Type			
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
175.19		311.46		486.65

B. Full Name (Last, First, Middle Initial) Trimble and Associates			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 6381 Osgood Ave N			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">573796.33</div>		
City Hopkins	State MN	Zip Code 55305	Date M M / D D / Y Y Y Y 12 / 19 / 2007 Transaction ID: H4.6005		
Purpose of Disbursement: Legal Fees		Category/ Type			
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
360.00		640.00		1000.00

C. Full Name (Last, First, Middle Initial) Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 790422			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">574182.49</div>		
City St. Louis	State MO	Zip Code 63179	Date M M / D D / Y Y Y Y 12 / 19 / 2007 Transaction ID: H4.6006		
Purpose of Disbursement: Party Telephone Expense		Category/ Type			
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
139.02		247.14		386.16

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
674.21		1198.60		1872.81

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Onvoy			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1450			Allocated Activity or Event Year-To-Date 576408.79		
City Minneapolis	State MN	Zip Code 55485	Date MM / DD / YYYY 12 / 19 / 2007		
Purpose of Disbursement: Office Computer Services			Transaction ID: H4.6007		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
801.47		1424.83		2226.30

B. Full Name (Last, First, Middle Initial) Bankers Leasing Company			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 7740			Allocated Activity or Event Year-To-Date 576725.35		
City Urbandale	State IA	Zip Code 50323-7740	Date MM / DD / YYYY 12 / 19 / 2007		
Purpose of Disbursement: General Office Supplies			Transaction ID: H4.6008		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
113.96		202.60		316.56

C. Full Name (Last, First, Middle Initial) Joel Cary			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 12809 44th PI NE			Allocated Activity or Event Year-To-Date 576802.38		
City Saint Michael	State MN	Zip Code 55376-3030	Date MM / DD / YYYY 12 / 19 / 2007		
Purpose of Disbursement: SEE BELOW: Computer Service			Transaction ID: H4.6009		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.73		49.30		77.03

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
943.16		1676.73		2619.89

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Wells Fargo Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box B 514			Allocated Activity or Event Year-To-Date 576814.64	
City Minneapolis	State MN	Zip Code 55479	Date <input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>	
Purpose of Disbursement: Bank Service Fee			Transaction ID: H4.6011	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.41		7.85		12.26

B. Full Name (Last, First, Middle Initial) Paychex			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1210 Northland Drive Suite 100			Allocated Activity or Event Year-To-Date 581283.97	
City Mendota Heights	State MN	Zip Code 55120	Date <input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>	
Purpose of Disbursement: See Below: Non-FEA Salary			Transaction ID: H4.6012	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1608.96		2860.37		4469.33

C. Full Name (Last, First, Middle Initial) Barbara Linert			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4282 Braddock Trl			Allocated Activity or Event Year-To-Date 581283.97	
City Eagan	State MN	Zip Code 55123	Date <input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>	
Purpose of Disbursement: Non-FEA Salary			Transaction ID: H4.6013	
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
322.27		572.92		895.19

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1613.37		2868.22		4481.59

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Joel Chavez			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 475 Dayton Ave Apt 1			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">581283.97</div>	
City St Paul	State MN	Zip Code 55102		
Purpose of Disbursement: Non-FEA Salary			Category/ Type	
Activity or Event Identifier: Administrative [MEMO ITEM]			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 21 / 2007</div>	
			Transaction ID: H4.6014	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
125.30		222.76		348.06

B. Full Name (Last, First, Middle Initial) Christy McGill			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 840 Linwood Ave			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">581283.97</div>	
City Saint Paul	State MN	Zip Code 55105-3324		
Purpose of Disbursement: Non-FEA Salary			Category/ Type	
Activity or Event Identifier: Administrative [MEMO ITEM]			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 21 / 2007</div>	
			Transaction ID: H4.6015	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
295.83		525.91		821.74

C. Full Name (Last, First, Middle Initial) Dana Payne			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 8601 Edenbrook Crossing			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">581283.97</div>	
City Minneapolis	State MN	Zip Code 55402		
Purpose of Disbursement: Non-FEA Salary			Category/ Type	
Activity or Event Identifier: Administrative [MEMO ITEM]			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 21 / 2007</div>	
			Transaction ID: H4.6016	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
204.59		363.71		568.30

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial)
Nicholas Erickson

Mailing Address
239 MacKubin St

City State Zip Code
St. Paul MN 55102

Purpose of Disbursement:
Non-FEA Salary

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

581283.97

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 12 / 21 / 2007

Transaction ID: H4.6017

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
335.41		596.28		931.69

B. Full Name (Last, First, Middle Initial)
Timothy Gould

Mailing Address
192 Linden Circle

City State Zip Code
Apple Valley MN 55124

Purpose of Disbursement:
Non-FEA Salary

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

581283.97

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 12 / 21 / 2007

Transaction ID: H4.6018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
325.57		578.78		904.35

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

Mailing Address
123M McKnight Rd N

City State Zip Code
Saint Paul MN 55119-6653

Purpose of Disbursement:
Office Supplies-see memos

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

582488.98

Activity or Event Identifier:
Administrative

Date 12 / 27 / 2007

Transaction ID: H4.6019

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
433.80		771.21		1205.01

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
433.80		771.21		1205.01

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) UPS Store			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3432 Denmark Ave			Allocated Activity or Event Year-To-Date 582488.98		
City Eagan	State MN	Zip Code 55123	Date <input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Nielsen Party Shipping			Category/Type		
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: H4.6020		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.32		48.57		75.89

B. Full Name (Last, First, Middle Initial) Laser Checks			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 7 Vayael Moshe Ct Unit 101			Allocated Activity or Event Year-To-Date 582488.98		
City Monroe	State NY	Zip Code 10950-6389	Date <input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Nielsen Party Printing			Category/Type		
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: H4.6022		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
69.83		124.14		193.97

C. Full Name (Last, First, Middle Initial) CVS Pharmacy			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 499 Snelling Ave N			Allocated Activity or Event Year-To-Date 582488.98		
City Saint Paul	State MN	Zip Code 55104-2330	Date <input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Nielsen Card			Category/Type		
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: H4.6024		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.41		7.85		12.26

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) St. Cloud Floral			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 515 W. St. Germain			Allocated Activity or Event Year-To-Date 582488.98		
City St. Cloud	State MN	Zip Code 56301	Date <input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Nielsen Flowers			Transaction ID: H4.6026		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.96		47.94		74.90

B. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Minnesota			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 64338			Allocated Activity or Event Year-To-Date 582852.98		
City St. Paul	State MN	Zip Code 55164-0179	Date <input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Employee Benefits/ Non FEA			Transaction ID: H4.6027		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
131.04		232.96		364.00

C. Full Name (Last, First, Middle Initial) Game Fair			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 9404 161st, Avenue NW			Allocated Activity or Event Year-To-Date 583202.98		
City Anoka	State MN	Zip Code 55303	Date <input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Party Booth Rental			Transaction ID: H4.6029		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00		224.00		350.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
257.04		456.96		714.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Hub Properties Trust			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Reit Management Research330 2nd. Ave. S Suite 110			Allocated Activity or Event Year-To-Date 595429.90		
City Minneapolis	State MN	Zip Code 55401	Date 12 / 28 / 2007		
Purpose of Disbursement: Rent			Transaction ID: H4.6030		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4401.69		7825.23		12226.92

B. Full Name (Last, First, Middle Initial) One Net USA			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 4445 W 77th St Ste 207			Allocated Activity or Event Year-To-Date 598092.61		
City Edina	State MN	Zip Code 55435	Date 12 / 28 / 2007		
Purpose of Disbursement: Internet Service			Transaction ID: H4.6031		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
958.58		1704.13		2662.71

C. Full Name (Last, First, Middle Initial) Principal Life Insurance Company			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 11100 Wayzata Blvd. # 211			Allocated Activity or Event Year-To-Date 598167.77		
City Minnetonka	State MN	Zip Code 55305	Date 12 / 28 / 2007		
Purpose of Disbursement: Employee Benefit/ Non FEA			Transaction ID: H4.6032		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.06		48.10		75.16

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5387.33		9577.46		14964.79

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Staples			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 9020			Allocated Activity or Event Year-To-Date 598615.91		
City	State	Zip Code	Category/ Type		
Des Moines	IA	50368-9020			
Purpose of Disbursement: General Office Supplies			Date <input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: Administrative			Transaction ID: H4.6033		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
161.33		286.81		448.14

B. Full Name (Last, First, Middle Initial) Trimble and Associates			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 6381 Osgood Ave N			Allocated Activity or Event Year-To-Date 602483.41		
City	State	Zip Code	Category/ Type		
Hopkins	MN	55305			
Purpose of Disbursement: Legal Fees			Date <input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: Administrative			Transaction ID: H4.6034		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1392.30		2475.20		3867.50

C. Full Name (Last, First, Middle Initial) Joel Cary			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 12809 44th PI NE			Allocated Activity or Event Year-To-Date 602560.44		
City	State	Zip Code	Category/ Type		
Saint Michael	MN	55376-3030			
Purpose of Disbursement: SEE BELOW: Computer Service			Date <input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: Administrative			Transaction ID: H4.6035		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.73		49.30		77.03

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1581.36		2811.31		4392.67

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Embarq			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 660068			Allocated Activity or Event Year-To-Date [602560.44]		
City Dallas	State TX	Zip Code 75266	Date <input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Cary- Computer Service			Transaction ID: H4.6036		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[27.73]		[49.30]		[77.03]

B. Full Name (Last, First, Middle Initial) Barbara Linert			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 4282 Braddock Trl			Allocated Activity or Event Year-To-Date [602665.30]		
City Eagan	State MN	Zip Code 55123	Date <input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: SEE BELOW: Flowers & Shredder			Transaction ID: H4.6037		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[37.75]		[67.11]		[104.86]

C. Full Name (Last, First, Middle Initial) Office Depot			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1615 W. County Road C			Allocated Activity or Event Year-To-Date [602665.30]		
City Roseville	State MN	Zip Code 55113	Date <input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: ITEMIZE: Linert- Shredder			Transaction ID: H4.6039		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[14.75]		[26.21]		[40.96]

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[37.75]		[67.11]		[104.86]

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
[]		[]		[]

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Eagan Floral Mailing Address 1280 Town County Drive City State Zip Code Eagan MN 55123 Purpose of Disbursement: ITEMIZE: Linert- Flowers Activity or Event Identifier: Administrative [MEMO ITEM]	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 602665.30 Date MM / DD / YYYY 12 / 28 / 2007 Transaction ID: H4.6040
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.00		40.90		63.90

B. Full Name (Last, First, Middle Initial) Sprint Mailing Address PO Box 152046 City State Zip Code Irving TX 75015 Purpose of Disbursement: ITEMIZE: Carey Telephone Activity or Event Identifier: Administrative [MEMO ITEM]	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 602665.30 Date MM / DD / YYYY 12 / 28 / 2007 Transaction ID: H4.6041
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
54.99		97.75		152.74

C. Full Name (Last, First, Middle Initial) Alliance Bank Mailing Address 444 Cedar St City State Zip Code St Paul MN 55101 Purpose of Disbursement: Bank Service Fee Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 602668.30 Date MM / DD / YYYY 12 / 31 / 2007 Transaction ID: H4.6042
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.08		1.92		3.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.08		1.92		3.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Anchor Paper Co.			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 480 Broadway St			Allocated Activity or Event Year-To-Date 19986.28		
City Saint Paul	State MN	Zip Code 55101	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Nielsen Paper			Transaction ID: H4.6044		
Activity or Event Identifier: Fundraising event 2007(01/31/2007) [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.76		40.46		63.22

B. Full Name (Last, First, Middle Initial) Anchor Paper Co.			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 480 Broadway St			Allocated Activity or Event Year-To-Date 19986.28		
City Saint Paul	State MN	Zip Code 55101	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Nielsen- Paper			Transaction ID: H4.6045		
Activity or Event Identifier: Fundraising event 2007(01/31/2007) [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
106.18		188.77		294.95

C. Full Name (Last, First, Middle Initial) Angela Nielsen			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 123M McKnight Rd N			Allocated Activity or Event Year-To-Date 19986.28		
City Saint Paul	State MN	Zip Code 55119-6653	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: SEE BELOW: Fundraising Event Supplies			Transaction ID: H4.6043		
Activity or Event Identifier: Fundraising event 2007(01/31/2007)					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
395.10		702.41		1097.51

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
395.10		702.41		1097.51

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[Empty]	[Empty]	[Empty]

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Dollar Tree			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1420 University Ave W			Allocated Activity or Event Year-To-Date 19986.28		
City Saint Paul	State MN	Zip Code 55104-4012	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Nielsen Candles			Transaction ID: H4.6047		
Activity or Event Identifier: Fundraising event 2007(01/31/2007) [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.33		21.91		34.24

B. Full Name (Last, First, Middle Initial) Jo-Ann Fabrics			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1540 University Ave W			Allocated Activity or Event Year-To-Date 19986.28		
City Saint Paul	State MN	Zip Code 55104	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Nielsen Ribbon			Transaction ID: H4.6048		
Activity or Event Identifier: Fundraising event 2007(01/31/2007) [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.85		5.08		7.93

C. Full Name (Last, First, Middle Initial) Jo-Ann Fabrics			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1540 University Ave W			Allocated Activity or Event Year-To-Date 19986.28		
City Saint Paul	State MN	Zip Code 55104	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Nielsen Beads			Transaction ID: H4.6049		
Activity or Event Identifier: Fundraising event 2007(01/31/2007) [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.17		12.75		19.92

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Jo-Ann Fabrics			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1540 University Ave W			Allocated Activity or Event Year-To-Date 19986.28		
City Saint Paul	State MN	Zip Code 55104	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Nielsen Beads			Transaction ID: H4.6050		
Activity or Event Identifier: Fundraising event 2007(01/31/2007) [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.72		22.60		35.32

B. Full Name (Last, First, Middle Initial) Jo-Ann Fabrics			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1540 University Ave W			Allocated Activity or Event Year-To-Date 19986.28		
City Saint Paul	State MN	Zip Code 55104	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Nielsen Beads			Transaction ID: H4.6051		
Activity or Event Identifier: Fundraising event 2007(01/31/2007) [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.17		32.29		50.46

C. Full Name (Last, First, Middle Initial) Midway Party Rental			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2110 Gilbert Ave.			Allocated Activity or Event Year-To-Date 19986.28		
City St. Paul	State MN	Zip Code 55104	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Nielsen Mirrors			Transaction ID: H4.6052		
Activity or Event Identifier: Fundraising event 2007(01/31/2007) [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.11		17.98		28.09

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Midway Party Rental			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2110 Gilbert Ave.			Allocated Activity or Event Year-To-Date 19986.28	
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>	
St. Paul	MN	55104		
Purpose of Disbursement: Nielsen Vases			Category/ Type	
Activity or Event Identifier: Fundraising event 2007(01/31/2007) [MEMO ITEM]			Transaction ID: H4.6053	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.91		22.94		35.85

B. Full Name (Last, First, Middle Initial) Midway Party Rental			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2110 Gilbert Ave.			Allocated Activity or Event Year-To-Date 19986.28	
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>	
St. Paul	MN	55104		
Purpose of Disbursement: Nielsen Linens			Category/ Type	
Activity or Event Identifier: Fundraising event 2007(01/31/2007) [MEMO ITEM]			Transaction ID: H4.6054	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
116.08		206.36		322.44

C. Full Name (Last, First, Middle Initial) Midway Party Rental			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2110 Gilbert Ave.			Allocated Activity or Event Year-To-Date 19986.28	
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>	
St. Paul	MN	55104		
Purpose of Disbursement: Nielsen Linens			Category/ Type	
Activity or Event Identifier: Fundraising event 2007(01/31/2007) [MEMO ITEM]			Transaction ID: H4.6055	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.11		41.09		64.20

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial)
Office Max

Mailing Address
1490 W. University Ave

City	State	Zip Code
St. Paul	MN	55104

Purpose of Disbursement:
Nielsen Name Badges

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

19986.28

Activity or Event Identifier:
Fundraising event 2007(01/31/2007)

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	7

[MEMO ITEM]

Transaction ID: H4.6056

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.08		64.13		100.21

B. Full Name (Last, First, Middle Initial)
Table Planner

Mailing Address
55 Miersfield High Wycombe, HP11 1TY UK

City	State	Zip Code
Saint Paul	MN	55103

Purpose of Disbursement:
Nielsen Software

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

19986.28

Activity or Event Identifier:
Fundraising event 2007(01/31/2007)

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	7

[MEMO ITEM]

Transaction ID: H4.6058

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.64		26.04		40.68

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
20012.30	35577.47	55589.77