

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

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 ▲

ZIP CODE ▲

C 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 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M / D D / Y Y Y Y Y Y

in the State of

MN

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 19 2006

through

M M / D D / Y Y Y Y Y Y
11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Sturrock

Signature of Treasurer

David Sturrock

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 14 2011

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**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

REPUBLICAN PARTY OF MINNESOTA

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 19 / 2006 To: M M / D D / Y Y Y Y Y Y
11 / 27 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2006		77530.54
(b) Cash on Hand at Beginning of Reporting Period.....	521586.40	
(c) Total Receipts (from Line 19)	2412544.86	7778448.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2934131.26	7855979.36
7. Total Disbursements (from Line 31)	2872287.19	7794135.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	61844.07	61844.07
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)	552997.76	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

REPUBLICAN PARTY OF MINNESOTA

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	0	6

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).....	66420.00	409131.00
(ii) Unitemized	237617.37	2899608.27
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	304037.37	3308739.27
(b) Political Party Committees	0.00	10000.00
(c) Other Political Committees (such as PACs).....	50115.16	50115.16
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	354152.53	3368854.43
12. Transfers From Affiliated/Other Party Committees.....	656400.50	1990362.76
13. All Loans Received	200000.00	450000.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	6785.68	78573.57
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3281.75	41144.74
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	1191924.40	1849513.32
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	1191924.40	1849513.32
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	2412544.86	7778448.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1220620.46	5928935.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	27695.66	294108.81
(ii) Non-Federal Share.....	104188.29	1106654.26
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	131883.95	1400763.07
22. Transfers to Affiliated/Other Party Committees.....	62188.33	571688.33
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	205228.72	310877.95
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	23000.00	33150.00
(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)).....	23000.00	33150.00
29. Other Disbursements	1242543.21	2043009.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	1207442.98	3434446.94
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	1207442.98	3434446.94
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2872287.19	7794135.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2768098.90	6687481.03

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	354152.53	3368854.43
34. Total Contribution Refunds (from Line 28(d))	23000.00	33150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	331152.53	3335704.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	27695.66	294108.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	6785.68	78573.57
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	20909.98	215535.24

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

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

FOR LINE NUMBER: PAGE 6 OF 349

(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

Full Name (Last, First, Middle Initial)

A. James Anderson

Mailing Address 3117 Red Oak Cir N

City State Zip Code
 Burnsville MN 55337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metropolitan Airports Comm

Occupation
Office Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2006

Transaction ID : SA11AI.8769

Amount of Each Receipt this Period

230.00

Full Name (Last, First, Middle Initial)

B. Mark Baker

Mailing Address 5697 Orchard Ave

City State Zip Code
 Saint Paul MN 55110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gander Mountain

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 31 / 2006

Transaction ID : SA11AI.8771

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Roland Benjamin

Mailing Address 7715 Tanglewood Ct

City State Zip Code
 Edina MN 55439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abra Auto Body

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 27 / 2006

Transaction ID : SA11AI.8260

Amount of Each Receipt this Period

225.00

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

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

1205.00

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

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

FOR LINE NUMBER: PAGE 7 OF 349

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Ronald Berry

Mailing Address 1574 Summit Shores Ct

City State Zip Code
 Burnsville MN 55306

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Berry Images

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 25 2006

Transaction ID : SA11AI.8773

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffry Blakesley

Mailing Address 515 Farrell St N

City State Zip Code
 Maplewood MN 55119

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

State of MN

Janitor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 19 2006

Transaction ID : SA11AI.8775

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

C. George Borgerding

Mailing Address PO BOx 189

City State Zip Code
 Belgrade MN 56312

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

North American State Bank

Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 06 2006

Transaction ID : SA11AI.8261

Amount of Each Receipt this Period

100.00

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

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

630.00

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Darrell Boyd

Mailing Address 6816 Cheyenne Circle

City State Zip Code
Edina MN 55439

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 03 2006

Transaction ID : SA11AI.8262

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Neil Brown

Mailing Address PO Box 7

City State Zip Code
Minnetonka Beach MN 55391

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

TCF Bank

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 03 2006

Transaction ID : SA11AI.8264

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. J.A. Burnett

Mailing Address 1025 Anchorage Court

City State Zip Code
Winter Park FL 32789

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

CONTEMPORARY CARS

DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 03 2006

Transaction ID : SA11AI.8265

Amount of Each Receipt this Period

2000.00

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

2750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Raymond Buttschau

Mailing Address 7201 Fleetwood Drive

City State Zip Code
 Edina MN 55439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 24 2006

Transaction ID : SA11AI.8776

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Stephen Cragle

Mailing Address 201 Ramsey PL

City State Zip Code
 St Cloud MN 56301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ear Nose Throat Clinic

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 24 2006

Transaction ID : SA11AI.8777

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Edward Cunnington

Mailing Address 2300 Fox Street

City State Zip Code
 Orono MN 55356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 31 2006

Transaction ID : SA11AI.8778

Amount of Each Receipt this Period

5000.00

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

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

5550.00

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

Use separate schedule(s)
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(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

Full Name (Last, First, Middle Initial)

A. Mark Davis

Mailing Address 717 N 9th St

City	State	Zip Code
St Peter	MN	56082

FEC ID number of contributing federal political committee.

C

Name of Employer

Devised Food Ingredients, Inc

Occupation

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SA11AI.8780

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas Deters

Mailing Address 4429 Pheasant Run

City	State	Zip Code
Janesville	WI	53546

FEC ID number of contributing federal political committee.

C

Name of Employer

Mining Co

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SA11AI.8782

Amount of Each Receipt this Period

220.00

Full Name (Last, First, Middle Initial)

C. Marlys Dunne

Mailing Address 27158 Quinlan Avenue

City	State	Zip Code
Lindstrom	MN	55045

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 ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2006

Transaction ID : SA11AI.8784

Amount of Each Receipt this Period

2000.00

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

3220.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 349

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Clarence Eikens

Mailing Address 10347 County 20

City State Zip Code
 Caledonia MN 55921

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2006

Transaction ID : SA11AI.8786

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Erickson

Mailing Address 1702 Kerry Ln

City State Zip Code
 Woodbury MN 55125

FEC ID number of contributing federal political committee.

C

Name of Employer

IC Systems

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 31 / 2006

Transaction ID : SA11AI.8788

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Foust

Mailing Address 5000 Shady Island Pt

City State Zip Code
 Mound MN 55364

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Whale Skinning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 06 / 2006

Transaction ID : SA11AI.8267

Amount of Each Receipt this Period

1000.00

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

1750.00

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 12 OF 349

(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

Full Name (Last, First, Middle Initial)

A. Hollis Fritts

Mailing Address 6628 Smithtown Road

City

Excelsior

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ceneter Diagnostic Image

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 23 / 2006

Transaction ID : SA11AI.8789

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Hollis Fritts

Mailing Address 6628 Smithtown Road

City

Excelsior

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ceneter Diagnostic Image

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2006

Transaction ID : SA11AI.8268

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark Gerling

Mailing Address 6426 Smithtown Rd

City

Excelsior

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Process Engineering Inc

Occupation

Engineer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2006

Transaction ID : SA11AI.8791

Amount of Each Receipt this Period

500.00

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

800.00

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
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FOR LINE NUMBER: PAGE 13 OF 349

(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

Full Name (Last, First, Middle Initial)

A. David Gruhot

Mailing Address 2614 231st Ave

City State Zip Code
Marshall MN 56258

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Owner/Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2006

Transaction ID : SA11AI.8792

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Harold Hamilton

Mailing Address 1142 97th Lane NW

City State Zip Code
Minneapolis MN 55433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2006

Transaction ID : SA11AI.8270

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. H. Edward Hamm Mr.

Mailing Address 243 S. Beach Road

City State Zip Code
Hobe Sound FL 33455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2006

Transaction ID : SA11AI.8272

Amount of Each Receipt this Period

2000.00

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

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

7050.00

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

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

FOR LINE NUMBER: PAGE 14 OF 349

(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

Full Name (Last, First, Middle Initial)

A. Allen Hanson

Mailing Address 13176 135th Ave

City State Zip Code
 Hanska MN 56041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allen J Hanson Inc

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 23 2006

Transaction ID : SA11AI.8794

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. David Hanson

Mailing Address 1030 Angelo Drive

City State Zip Code
 Golden Valley MN 55422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fabcon Inc

Occupation

Chariman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 24 2006

Transaction ID : SA11AI.8796

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Bonnie Hitts

Mailing Address 20385 Knightsbridge Road

City State Zip Code
 Shorewood MN 55331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 03 2006

Transaction ID : SA11AI.8274

Amount of Each Receipt this Period

250.00

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

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

850.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Carol Johnson

Mailing Address 1966 Collin Street

City State Zip Code
Mora MN 55051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2006

Transaction ID : SA11AI.8797

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Glenn Johnson

Mailing Address 207 Bear Creek Ln NW

City State Zip Code
Bemidji MN 56601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Merit Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2006

Transaction ID : SA11AI.8799

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Thomas Josephson

Mailing Address 22462 285th Street

City State Zip Code
Red Wing MN 55066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2006

Transaction ID : SA11AI.8801

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Joseph King

Mailing Address 385 Highcroft lane

City State Zip Code
Wayzata MN 55391

FEC ID number of contributing federal political committee.

C

Name of Employer

King Technology

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2006

Transaction ID : SA11AI.8275

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Todd King

Mailing Address 675 Navajo Rd W

City State Zip Code
Medina MN 55340

FEC ID number of contributing federal political committee.

C

Name of Employer

Green Mill

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2006

Transaction ID : SA11AI.8803

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Kinhead

Mailing Address 693 Montcalm Pl

City State Zip Code
St Paul MN 55116

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2006

Transaction ID : SA11AI.8804

Amount of Each Receipt this Period

300.00

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

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

1300.00

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

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Henry Lee

Mailing Address 16035 Inglewood Dr

City State Zip Code
Lakeville MN 55044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 25 2006

Transaction ID : SA11AI.8805

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Lyle Lemke

Mailing Address 620 20th Street NE

City State Zip Code
Rochester MN 55906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 25 2006

Transaction ID : SA11AI.8806

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Gregg Lockwood

Mailing Address 8071 269th Ave NE

City State Zip Code
Stacy MN 55079

FEC ID number of contributing
federal political committee.

C

Name of Employer

MacArthur Co

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 25 2006

Transaction ID : SA11AI.8808

Amount of Each Receipt this Period

250.00

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

450.00

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 18 OF 349
(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

Full Name (Last, First, Middle Initial)

A. Homer Lurton

Mailing Address 3135 Jamestown Road

City State Zip Code
Orono MN 55356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2006

Transaction ID : SA11AI.8277

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Konrad Marine

Mailing Address 716 Widsten Circle

City State Zip Code
Wayzata MN 55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

PSC

Occupation

Corporate Trainer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2006

Transaction ID : SA11AI.8810

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Robert McMahon

Mailing Address 1371 Medora Road

City State Zip Code
Mendota Heights MN 55118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2006

Transaction ID : SA11AI.8811

Amount of Each Receipt this Period

5000.00

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

5800.00

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 19 OF 349

(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

Full Name (Last, First, Middle Initial)

A. Madeline Merriman

Mailing Address 4075 W 51st Street
 Apartment 310

City	State	Zip Code
Edina	MN	55424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2006

Transaction ID : SA11AI.8813

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

B. William Messerli

Mailing Address 20630 Woodhaven PI

City	State	Zip Code
Deephaven	MN	55331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Messerli and Kramer

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2006

Transaction ID : SA11AI.8278

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cushman Minar

Mailing Address 4660 Weston Woods Way

City	State	Zip Code
Saint Paul	MN	55127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Minar Ford

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2006

Transaction ID : SA11AI.8815

Amount of Each Receipt this Period

1000.00

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

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

2270.00

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

Use separate schedule(s)
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(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

Full Name (Last, First, Middle Initial)

A. George Morrow

Mailing Address 12331 Milinda Shores Road

City State Zip Code
 Crosslake MN 56442

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2006

Transaction ID : SA11AI.8817

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Levonne Mulrooney

Mailing Address 1700 Lexington Avenue S
Apartment 410

City State Zip Code
 Lilydale MN 55118

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 23 / 2006

Transaction ID : SA11AI.8819

Amount of Each Receipt this Period

340.00

Full Name (Last, First, Middle Initial)

C. Mahendra Nath

Mailing Address 105 W Pleasant Lake Rd

City State Zip Code
 North Oaks MN 55127

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Nath Companies

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2590.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 03 / 2006

Transaction ID : SA11AI.8279

Amount of Each Receipt this Period

500.00

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

1240.00

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 21 OF 349

(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

Full Name (Last, First, Middle Initial)

A. Chadwick Nelson

Mailing Address 1705 Troy Ln N

City	State	Zip Code
Plymouth	MN	55447

FEC ID number of contributing federal political committee.

C

Name of Employer

General Mills

Occupation

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2006

Transaction ID : SA11AI.8821

Amount of Each Receipt this Period

230.00

Full Name (Last, First, Middle Initial)

B. Wallace Nelson

Mailing Address 13496 60th Street S

City	State	Zip Code
Afton	MN	55001

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2006

Transaction ID : SA11AI.8823

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Noack

Mailing Address 7004 Howard Ln

City	State	Zip Code
Eden Prairie	MN	55346

FEC ID number of contributing federal political committee.

C

Name of Employer

Filtration Systems

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2006

Transaction ID : SA11AI.8825

Amount of Each Receipt this Period

300.00

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

980.00

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 22 OF 349

(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

Full Name (Last, First, Middle Initial)

A. Paul Nordenstrom

Mailing Address 28849 Durant St NE

City

Isanti

State

MN

Zip Code

55040

FEC ID number of contributing federal political committee.

C

Name of Employer

Eagle Elevator

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 23 / 2006

Transaction ID : SA11AI.8827

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jack Pearson

Mailing Address 2312 Lakeview Dr

City

Fergus Falls

State

MN

Zip Code

56537

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

optmtst

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 24 / 2006

Transaction ID : SA11AI.8829

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alan Peterson

Mailing Address 646 Plum Tree Rd

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 07 / 2006

Transaction ID : SA11AI.8281

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Jeffrey Peterson

Mailing Address 17764 Inverness Curv

City State Zip Code
 Eden Prairie MN 55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Glass Industries

Occupation
Acct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 24 2006

Transaction ID : SA11AI.8831

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Oliver Peterson

Mailing Address 30 Park Lane

City State Zip Code
 Minneapolis MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 24 2006

Transaction ID : SA11AI.8833

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Randall Peterson

Mailing Address 26510 Pillsbury Avenue

City State Zip Code
 Lakeville MN 55044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 19 2006

Transaction ID : SA11AI.8835

Amount of Each Receipt this Period

300.00

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

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

1100.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Robert Peterson

Mailing Address 3514 Tyler St NE

City State Zip Code
 Minneapolis MN 55418

FEC ID number of contributing
federal political committee.

C

Name of Employer

KMSP

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2006

Transaction ID : SA11AI.8837

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Stephen Prager

Mailing Address 3320 Dunlap Street N

City State Zip Code
 Arden Hills MN 55112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 23 / 2006

Transaction ID : SA11AI.8839

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Daniel Rice

Mailing Address 9284 Duckwood Trl

City State Zip Code
 Woodbury MN 55125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Telecom

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2006

Transaction ID : SA11AI.8841

Amount of Each Receipt this Period

5000.00

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

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

5650.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Arne Rovick

Mailing Address 5211 Larada Ln

City State Zip Code
 Edina MN 55436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Edina Realty

Occupation

Atty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2006

Transaction ID : SA11AI.8843

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Rodney Salo

Mailing Address 136 71st Way NE

City State Zip Code
 Fridley MN 55432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Guidant

Occupation

Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2006

Transaction ID : SA11AI.8845

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John Schiefelbein

Mailing Address 474 Kawishiwi Trl

City State Zip Code
 Ely MN 55731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2006

Transaction ID : SA11AI.8847

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Duwayne Schmitz

Mailing Address 13255 Highway 212

City State Zip Code
 Norwood MN 55368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 07 / 2006

Transaction ID : SA11AI.8283

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Brad Schraut

Mailing Address 4650 Neal Ave N

City State Zip Code
 Stillwater MN 55082

FEC ID number of contributing
federal political committee.

C

Name of Employer

Instymeds

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 25 / 2006

Transaction ID : SA11AI.8849

Amount of Each Receipt this Period

6600.00

Full Name (Last, First, Middle Initial)

C. Lyall Schwartzkopf

Mailing Address 4840 Bloomington Avenue

City State Zip Code
 Minneapolis MN 55417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2006

Transaction ID : SA11AI.8851

Amount of Each Receipt this Period

250.00

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

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

7150.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Lonny Schwieger

Mailing Address 1811 180th St

City State Zip Code
 Fairmont MN 56031

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2006

Transaction ID : SA11AI.8853

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. George Spix

Mailing Address 1 Microsoft Way

City State Zip Code
 Redmond WA 98052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Microsoft

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 31 / 2006

Transaction ID : SA11AI.8855

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. George Stacy

Mailing Address 584 Mission Hills Drive

City State Zip Code
 Chanhassen MN 55317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 06 / 2006

Transaction ID : SA11AI.8285

Amount of Each Receipt this Period

235.00

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

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

1460.00

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Keith Stolen

Mailing Address 3167 Woodland Drive

City State Zip Code
Grand Rapids MN 55744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2006

Transaction ID : SA11AI.8857

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Sullivan

Mailing Address 13233 Homestead Dr

City State Zip Code
Baxter MN 56425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Navillus Land Co

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2006

Transaction ID : SA11AI.8859

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Bruce Thomson

Mailing Address 7008 Weston Cir

City State Zip Code
Edina MN 55439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Proex Photo Systems

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2006

Transaction ID : SA11AI.8287

Amount of Each Receipt this Period

1000.00

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

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

1800.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Paul Tietz

Mailing Address 1709 Pondview Ter

City State Zip Code
 Minnetonka MN 55391

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRIGGS & MORGAN

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 13 / 2006

Transaction ID : SA11AI.8289

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Tony Trimble

Mailing Address 514 Oak St W

City State Zip Code
 Stillwater MN 55082

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 03 / 2006

Transaction ID : SA11AI.8291

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Ronald VanBuren

Mailing Address 2840 Willow Dr

City State Zip Code
 Medina MN 55340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purina Mills

Occupation
Office Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2006

Transaction ID : SA11AI.8861

Amount of Each Receipt this Period

255.00

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

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

5755.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Allen Viker

Mailing Address 421 N Shore Drive

City

Detroit Lakes

State

MN

Zip Code

56501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2006

Transaction ID : SA11AI.8863

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Todd Vollmers

Mailing Address 2461 Wildwood Dr

City

Shakopee

State

MN

Zip Code

55379

FEC ID number of contributing
federal political committee.

C

Name of Employer

MN Dept of Commerce

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2006

Transaction ID : SA11AI.8293

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James Wagner

Mailing Address 12863 Ingersoll Ave N

City

Hugo

State

MN

Zip Code

55038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Sales rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2006

Transaction ID : SA11AI.8865

Amount of Each Receipt this Period

210.00

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

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

1435.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Michael Wilm

Mailing Address 7620 157th St. W

Apt. B

City

Apple Valley

State

MN

Zip Code

55124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wells Fargo

Occupation

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2006

Transaction ID : SA11AI.8866

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. James Wilson

Mailing Address 220 Wexford Heights Dr

City

New Brighton

State

MN

Zip Code

55112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Labor All Personel

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2006

Transaction ID : SA11AI.8867

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Clark Winslow

Mailing Address 1205 French Creek Dr

City

Wayzata

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Investment Mgt Co

Occupation

Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2006

Transaction ID : SA11AI.8869

Amount of Each Receipt this Period

300.00

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. John Wren

Mailing Address 2261 Northridge Avenue Circle

City State Zip Code
 Stillwater MN 55082

FEC ID number of contributing federal political committee.

C

Name of Employer
 Lakeville Motor Express

Occupation
 Chairman of the Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4810.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 03 2006

Transaction ID : SA11AI.8294

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Steve Wright

Mailing Address 17689 Ascot Ct

City State Zip Code
 Eden Prairie MN 55347

FEC ID number of contributing federal political committee.

C

Name of Employer
 Caldwell Banker

Occupation
 Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 09 2006

Transaction ID : SA11AI.8296

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

C. Ronald Wuchko

Mailing Address 13538 Pierce St NE

City State Zip Code
 Ham Lake MN 55304

FEC ID number of contributing federal political committee.

C

Name of Employer
 MAACO AUTO PAINT/

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 25 2006

Transaction ID : SA11AI.8871

Amount of Each Receipt this Period

350.00

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

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

1325.00

66420.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. American Institute of Certified Public Accountants (AICPA PAC)

Mailing Address 220 Leigh Farm Road

City State Zip Code
Durham NC 27707

FEC ID number of contributing
federal political committee.

C C00077321

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 30 / 2006

Transaction ID : SA11C.8872

Amount of Each Receipt this Period

1250.00

Contribution

Full Name (Last, First, Middle Initial)

B. American Institute of Certified Public Accountants (AICPA PAC)

Mailing Address 220 Leigh Farm Road

City State Zip Code
Durham NC 27707

FEC ID number of contributing
federal political committee.

C C00077321

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

11 / 03 / 2006

Transaction ID : SA11C.8298

Amount of Each Receipt this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. FREEDOM CLUB FEDERAL PAC

Mailing Address 9210 SCIENCE CENTER DRIVE

City State Zip Code
NEW HOPE MN 55428

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 03 / 2006

Transaction ID : SA11C.8300

Amount of Each Receipt this Period

2500.00

Contribution

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

6250.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial)
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City State Zip Code
RENVILLE MN 56284

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2006

Transaction ID : SA11C.8302

Amount of Each Receipt this Period

5000.00

Transfer

B. Full Name (Last, First, Middle Initial)
Special Teams 2006 Committee

Mailing Address P.O. Box 75103

City State Zip Code
Washington DC 20013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

158865.16

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2006

Transaction ID : SA11C.8303

Amount of Each Receipt this Period

38865.16

Transfer

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

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

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

43865.16

50115.16

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. 4TH CONGRESSIONAL DISTRICT REPUBLICAN

Mailing Address 480 Cedar Street Suite 580

City State Zip Code
 St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C C00359208

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6400.00

Date of Receipt

10 / **26** / **2006**

Transaction ID : SA12.8873

Amount of Each Receipt this Period

4000.00

Transfer

Full Name (Last, First, Middle Initial)

B. AMERICAN GAS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 400 N. Capitol Street NW

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C C00007450

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / **21** / **2006**

Transaction ID : SA12.8305

Amount of Each Receipt this Period

200.00

Special Teams 2006 Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. American Health Insurance Plans PAC

Mailing Address 601 Pennsylvania Ave NW
 Ste 300

City State Zip Code
 Washington DC 20036

FEC ID number of contributing
federal political committee.

C C00106740

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / **21** / **2006**

Transaction ID : SA12.8307

Amount of Each Receipt this Period

400.00

Special Teams 2006 Committee

[MEMO ITEM]

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

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

4000.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Tani Austin

Mailing Address 5334 Harbor Town Drive

City State Zip Code
 Dallas TX 75287

FEC ID number of contributing
federal political committee.

C

Name of Employer

Starkey Labs

Occupation

Business Develop

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 10 26 2006

Transaction ID : SA12.8309

Amount of Each Receipt this Period

10000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Elliot Baines

Mailing Address 360 Indian

City State Zip Code
 Vero Beach FL 32963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 10 26 2006

Transaction ID : SA12.8311

Amount of Each Receipt this Period

401.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Elliot Baines

Mailing Address 360 Indian

City State Zip Code
 Vero Beach FL 32963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 10 30 2006

Transaction ID : SA12.8312

Amount of Each Receipt this Period

1150.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Elliot Baines

Mailing Address 360 Indian

City

Vero Beach

State

FL

Zip Code

32963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2006

Transaction ID : SA12.8313

Amount of Each Receipt this Period

1500.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Charles Barry

Mailing Address 8477 Bay Colony Dr Apt 802

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2006

Transaction ID : SA12.8315

Amount of Each Receipt this Period

3000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Jane Barry

Mailing Address 2960 Gale Rd

City

Wayzata

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2006

Transaction ID : SA12.8316

Amount of Each Receipt this Period

1500.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Walter Barry

Mailing Address 2960 Gale Road

City
Woodland

State Zip Code
MN 55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2006

Transaction ID : SA12.8317

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Walter Barry

Mailing Address 2960 Gale Road

City
Woodland

State Zip Code
MN 55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2006

Transaction ID : SA12.8318

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Walter Barry

Mailing Address 2960 Gale Road

City
Woodland

State Zip Code
MN 55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2006

Transaction ID : SA12.8319

Amount of Each Receipt this Period

1500.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Ronald Baukol

Mailing Address 70 Spruce St

City	State	Zip Code
Mahtomedi	MN	55115

FEC ID number of contributing federal political committee.

C

Name of Employer

3M

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 19 / 2006

Transaction ID : SA12.8320

Amount of Each Receipt this Period

2000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HT Becken

Mailing Address 11860 21st St N

City	State	Zip Code
Lake Elmo	MN	55042

FEC ID number of contributing federal political committee.

C

Name of Employer

Cemstone

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

10 / 19 / 2006

Transaction ID : SA12.8321

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Richard Bernick

Mailing Address 600 6th Ave N

City	State	Zip Code
St Cloud	MN	56303

FEC ID number of contributing federal political committee.

C

Name of Employer

Bernick's Mgt

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

10 / 30 / 2006

Transaction ID : SA12.8323

Amount of Each Receipt this Period

200.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Arthur Birdseye

Mailing Address 615 10th Ave SW

City
Rochester

State Zip Code
MN 55902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2006

Transaction ID : SA12.8325

Amount of Each Receipt this Period

2000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. James Bradley

Mailing Address 8109 Galway Rd

City
Saint Paul

State Zip Code
MN 55125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2006

Transaction ID : SA12.8327

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Neil Brown

Mailing Address PO Box 7

City
Minnetonka Beach

State Zip Code
MN 55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

TCF Bank

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2006

Transaction ID : SA12.8328

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. BUILD PAC OF THE NATIONAL ASSOCIATION OF HOME BUILDERS

Mailing Address 1201 15TH STREET NW

City State Zip Code
 WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00000901

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 13 / 2006

Transaction ID : SA12.8330

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BURLINGTON NORTHERN SANTA FE CORPORATION RAILPAC

Mailing Address 700 13th Street NW
 Suite 220

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00235739

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2006

Transaction ID : SA12.8331

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Camp for Working Fathers

Mailing Address 2800 S Shirlington Rd
 Ste 930

City State Zip Code
 Arlington VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2006

Transaction ID : SA12.8333

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. CITICORP VOLUNTARY POLITICAL FUND FEDERAL

Mailing Address 1101 PENNSYLVANIA AVE NW STE 1000

City State Zip Code
 WASHINGTON DC 20004

FEC ID number of contributing
federal political committee.

C C00008474

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / **21** / **2006**

Transaction ID : SA12.8335

Amount of Each Receipt this Period

1000.00

Special Teams 2006 Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Mr. Elliott Cobb

Mailing Address 10509 Purdey Road

City State Zip Code
 Eden Prairie MN 55347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ECA Marketing

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

10 / **26** / **2006**

Transaction ID : SA12.8336

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Mr. Elliott Cobb

Mailing Address 10509 Purdey Road

City State Zip Code
 Eden Prairie MN 55347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ECA Marketing

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

11 / **13** / **2006**

Transaction ID : SA12.8337

Amount of Each Receipt this Period

3000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

0.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Comcast Corporation PAC

Mailing Address 1500 Market Street

City
Philadelphia

State Zip Code
PA 19102

FEC ID number of contributing
federal political committee.

C C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / **21** / **2006**

Transaction ID : SA12.8339

Amount of Each Receipt this Period

400.00

Special Teams 2006 Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CorePAC

Mailing Address 1350 I Street NW
Suite 500

City
Washington

State Zip Code
DC 20005

FEC ID number of contributing
federal political committee.

C C00033589

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / **21** / **2006**

Transaction ID : SA12.8341

Amount of Each Receipt this Period

400.00

Special Teams 2006 Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. John Donahue

Mailing Address 1001 Liberty Ave
Ste 850

City
Pittsburg

State Zip Code
PA 15222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / **07** / **2006**

Transaction ID : SA12.8343

Amount of Each Receipt this Period

900.00

515 Santa Paula Dr

[MEMO ITEM]

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

0.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Ted Dudley

Mailing Address 2304 Huntington Point Road W

City	State	Zip Code
Wayzata	MN	55391

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 19 / 2006

Transaction ID : SA12.8344

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Paul Ehlen

Mailing Address 6993 Kenmare Dr

City	State	Zip Code
Bloomington	MN	55438

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Precision

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 01 / 2006

Transaction ID : SA12.8346

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Jon Eisele

Mailing Address 4627 Browndale Ave

City	State	Zip Code
Minneapolis	MN	55414

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Deloitte & Touche

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 13 / 2006

Transaction ID : SA12.8348

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

0.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Mr. Thomas S. Everist

Mailing Address 709 Tomar Road

City State Zip Code
 Sioux Falls SD 57105

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Everist Company

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2006

Transaction ID : SA12.8350

Amount of Each Receipt this Period

1800.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Mary Fayfield

Mailing Address 6005 Christmas Lake Road

City State Zip Code
 Excelsior MN 55331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2006

Transaction ID : SA12.8351

Amount of Each Receipt this Period

10000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 South Shady Grove Road

City State Zip Code
 Memphis TN 38120

FEC ID number of contributing
federal political committee.

C C00068692

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2006

Transaction ID : SA12.8353

Amount of Each Receipt this Period

1000.00

Special Teams 2006 Committee

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Sandra Frauenshuh

Mailing Address 6401 Indian Hills Rd

City

Minneapolis

State

MN

Zip Code

55420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2006

Transaction ID : SA12.8355

Amount of Each Receipt this Period

10000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FREEDOM CLUB FEDERAL PAC

Mailing Address 9210 SCIENCE CENTER DRIVE

City

NEW HOPE

State

MN

Zip Code

55428

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2006

Transaction ID : SA12.8356

Amount of Each Receipt this Period

2500.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FREEDOM FUND

Mailing Address 1155 21st Street NW
Suite 300

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00390674

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2006

Transaction ID : SA12.8358

Amount of Each Receipt this Period

5000.00

Special Teams 2006 Committee

[MEMO ITEM]

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

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

0.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. FUND FOR AMERICA'S FUTURE

Mailing Address PO Box 1373

City State Zip Code
Columbia SC 29202

FEC ID number of contributing
federal political committee.

C C00388934

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / **21** / **2006**

Transaction ID : SA12.8360

Amount of Each Receipt this Period

1000.00

Special Teams 2006 Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Timothy Garvey

Mailing Address 4721 Annaway Dr

City State Zip Code
Edina MN 55436

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / **30** / **2006**

Transaction ID : SA12.8361

Amount of Each Receipt this Period

2500.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GREENBERG, TRAURIG, HOFFMAN, LIPOFF, ROSEN & QUENTEL PAC

Mailing Address 1221 BRICKELL AVENUE

City State Zip Code
MIAMI FL 33121

FEC ID number of contributing
federal political committee.

C C00266585

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / **21** / **2006**

Transaction ID : SA12.8363

Amount of Each Receipt this Period

400.00

Special Teams 2006 Committee

[MEMO ITEM]

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

0.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. HARDWOOD FEDERATION PAC INC

Mailing Address 6830 RALEIGH - LAGRANGE ROAD

City State Zip Code
 MEMPHIS TN 38134

FEC ID number of contributing
federal political committee.

C C00396671

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2006

Transaction ID : SA12.8365

Amount of Each Receipt this Period

1000.00

Special Teams 2006 Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Iona Heath

Mailing Address 4725 Hibiscus Ave

City State Zip Code
 Edina MN 55435

FEC ID number of contributing
federal political committee.

C

Name of Employer
homemaker

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2006

Transaction ID : SA12.8368

Amount of Each Receipt this Period

800.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Brett Heffes

Mailing Address 4521 Casco Ave

City State Zip Code
 Minneapolis MN 55424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Gearworks

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 13 / 2006

Transaction ID : SA12.8370

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Kenneth Heithoff

Mailing Address 3705 Northome Rd

City State Zip Code
 Deephaven MN 55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heithoff and Asoo

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2006

Transaction ID : SA12.8372

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Ann Hoffman

Mailing Address 116 W Lake

City State Zip Code
 Waconia MN 55387

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 26 / 2006

Transaction ID : SA12.8374

Amount of Each Receipt this Period

10000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Norman Hoffman

Mailing Address 116 W Lake St

City State Zip Code
 Waconia MI 55387

FEC ID number of contributing
federal political committee.

C

Name of Employer

Techinal Ordinance Inc

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 26 / 2006

Transaction ID : SA12.8376

Amount of Each Receipt this Period

10000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Michael Hogenson

Mailing Address 12001 E. French Lake Road

City State Zip Code
Dayton MN 55327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2006

Transaction ID : SA12.8378

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Karen Hubbard

Mailing Address 3415 University Ave

City State Zip Code
Saint Paul MN 55114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Hubbard Broadcasting

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 13 / 2006

Transaction ID : SA12.8379

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Mr. Alfred A. Iversen

Mailing Address 2216 Huntington Point Road W.

City State Zip Code
Wayzata MN 55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

P.M.T. Corporation

Engineer/Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2006

Transaction ID : SA12.8381

Amount of Each Receipt this Period

4000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. JIM RAMSTAD VOLUNTEER COMMITTEEMailing Address 1809 Plymouth Road South #310
1809 Plymouth Road South #310City State Zip Code
Minnetonka MN 55305FEC ID number of contributing
federal political committee.**C** C00244129

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 25 2006**Transaction ID : SA12.8922**

Amount of Each Receipt this Period

50000.00

Transfer

Full Name (Last, First, Middle Initial)

B. Sankey Johnson

Mailing Address 2310 Huntington Point Rd W

City State Zip Code
Wayzata MN 55391FEC ID number of contributing
federal political committee.**C**Name of Employer
OG PartnersOccupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 30 2006**Transaction ID : SA12.8383**

Amount of Each Receipt this Period

2000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Timothy Kelly

Mailing Address 3720 IDS Center

City State Zip Code
Minneapolis MN 55402FEC ID number of contributing
federal political committee.**C**Name of Employer
Kelly and BerensOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 13 2006**Transaction ID : SA12.8385**

Amount of Each Receipt this Period

1700.00

Mark Kennedy Victory Committee

[MEMO ITEM]**SUBTOTAL** of Receipts This Page (optional)..... ►

50000.00

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Robert Kerbell

Mailing Address PO Box 509

City

Eau Claire

State

WI

Zip Code

54702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2006

Transaction ID : SA12.8387

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Mr. Peter King

Mailing Address 5500 Wayzata Blvd
Suite 750

City

Golden Valley

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer

King Capitol Corp.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 13 / 2006

Transaction ID : SA12.8389

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. John Kinhead

Mailing Address 693 Montcalm Pl

City

St Paul

State

MN

Zip Code

55116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 13 / 2006

Transaction ID : SA12.8390

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Kline for Congress

Mailing Address 14101 Southcross Drive West

City State Zip Code
Burnsville MN 55337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2006

Transaction ID : SA12.8392

Amount of Each Receipt this Period

5000.00

Transfer

Full Name (Last, First, Middle Initial)

B. Laurence LeJuene

Mailing Address 8989 Wayzata Blvd

City State Zip Code
Minneapolis MN 55426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

LeJuene Investments

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2006

Transaction ID : SA12.8393

Amount of Each Receipt this Period

2000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Michael London

Mailing Address 9630 Laforet Dr

City State Zip Code
Eden Prairie MN 55347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Best Buy

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2006

Transaction ID : SA12.8395

Amount of Each Receipt this Period

1250.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

5000.00

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Elizabeth MacMillian

Mailing Address 1560 Fox St

City

Young America

State

MN

Zip Code

55399

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2006

Transaction ID : SA12.8397

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Wendell Maddox

Mailing Address 4415 Avondale St

City

Minnetonka

State

MN

Zip Code

55345

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2006

Transaction ID : SA12.8399

Amount of Each Receipt this Period

2000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Mark Kennedy Victory Committee

Mailing Address P.O. Box 40472

City

St. Paul

State

MN

Zip Code

55104

FEC ID number of contributing
federal political committee.

C C00384032

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273584.69

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2006

Transaction ID : SA12.8932

Amount of Each Receipt this Period

44915.64

Transfer

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

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

44915.64

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Mark Kennedy Victory Committee

Mailing Address P.O. Box 40472

City State Zip Code
St. Paul MN 55104

FEC ID number of contributing
federal political committee.

C C00384032

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285518.94

Date of Receipt

10 / **24** / **2006**

Transaction ID : SA12.8933

Amount of Each Receipt this Period

11934.25

Transfer

Full Name (Last, First, Middle Initial)

B. Mark Kennedy Victory Committee

Mailing Address P.O. Box 40472

City State Zip Code
St. Paul MN 55104

FEC ID number of contributing
federal political committee.

C C00384032

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323231.37

Date of Receipt

10 / **26** / **2006**

Transaction ID : SA12.8934

Amount of Each Receipt this Period

37712.43

Transfer

Full Name (Last, First, Middle Initial)

C. Mark Kennedy Victory Committee

Mailing Address P.O. Box 40472

City State Zip Code
St. Paul MN 55104

FEC ID number of contributing
federal political committee.

C C00384032

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362794.75

Date of Receipt

10 / **30** / **2006**

Transaction ID : SA12.8935

Amount of Each Receipt this Period

39563.38

Transfer

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

89210.06

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

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(check only one)

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Mark Kennedy Victory Committee

Mailing Address P.O. Box 40472

City State Zip Code
 St. Paul MN 55104

FEC ID number of contributing
federal political committee.

C C00384032

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382294.75

Date of Receipt

11 / **01** / **2006**

Transaction ID : SA12.8400

Amount of Each Receipt this Period

19500.00

Transfer

Full Name (Last, First, Middle Initial)

B. Mark Kennedy Victory Committee

Mailing Address P.O. Box 40472

City State Zip Code
 St. Paul MN 55104

FEC ID number of contributing
federal political committee.

C C00384032

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398194.75

Date of Receipt

11 / **07** / **2006**

Transaction ID : SA12.8401

Amount of Each Receipt this Period

15900.00

Transfer

Full Name (Last, First, Middle Initial)

C. Mark Kennedy Victory Committee

Mailing Address P.O. Box 40472

City State Zip Code
 St. Paul MN 55104

FEC ID number of contributing
federal political committee.

C C00384032

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414094.75

Date of Receipt

11 / **07** / **2006**

Transaction ID : SA12.8402

Amount of Each Receipt this Period

15900.00

Transfer

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

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

51300.00

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

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Mark Kennedy Victory Committee

Mailing Address P.O. Box 40472

City	State	Zip Code
St. Paul	MN	55104

FEC ID number of contributing federal political committee.

C C00384032

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466269.55

Date of Receipt

11 / **13** / **2006**

Transaction ID : SA12.8403

Amount of Each Receipt this Period

52174.80

Transfer

Full Name (Last, First, Middle Initial)

B. Leslie McClelland

Mailing Address 6150 Marietta Rd NE

City	State	Zip Code
Minneapolis	MN	55440

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

10 / **19** / **2006**

Transaction ID : SA12.8405

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

c. Leslie McClelland

Mailing Address 6150 Marietta Rd NE

City	State	Zip Code
Minneapolis	MN	55440

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

10 / **30** / **2006**

Transaction ID : SA12.8406

Amount of Each Receipt this Period

2000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

52174.80

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

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Leslie McClelland

Mailing Address 6150 Marietta Rd NE

City

Minneapolis

State

MN

Zip Code

55440

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2006

Transaction ID : SA12.8407

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. George McClintock

Mailing Address 2905 Gulf Shore Blvd #201

City

Naples

State

FL

Zip Code

34103

FEC ID number of contributing federal political committee.

C

Name of Employer

Lithrographs, Inc

Occupation

Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2006

Transaction ID : SA12.8408

Amount of Each Receipt this Period

500.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Clinton Morrison

Mailing Address 2400 Cedar Point Dr

City

Wayzata

State

MN

Zip Code

55426

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2006

Transaction ID : SA12.8410

Amount of Each Receipt this Period

500.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Craig Moyer

Mailing Address 6300 W 79th St

City State Zip Code
 Los Angeles CA 90045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2006

Transaction ID : SA12.8412

Amount of Each Receipt this Period

200.00

Special Teams 2006 Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Janet Mueller

Mailing Address PO Box 149

City State Zip Code
 LeSueur MN 56058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Le Sueur, Inc

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 01 / 2006

Transaction ID : SA12.8413

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. National Automobile Dealers Asso PAC

Mailing Address 8400 Westpark Drive

City State Zip Code
 McLean VA 22102

FEC ID number of contributing
federal political committee.

C C00298976

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2006

Transaction ID : SA12.8415

Amount of Each Receipt this Period

5000.00

Special Teams 2006 Committee

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing
federal political committee.

C C00027466

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

79800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2006

Transaction ID : SA12.8944

Amount of Each Receipt this Period

69800.00

Transfer

Full Name (Last, First, Middle Initial)

B. Marilyn Nelson

Mailing Address 500 Tonkawa Road

City State Zip Code
Orono MN 55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2006

Transaction ID : SA12.8417

Amount of Each Receipt this Period

10000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEXT CENTURY FUND

Mailing Address 116 S ROYAL STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing
federal political committee.

C C00343947

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2006

Transaction ID : SA12.8418

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

69800.00

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

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. OUTBACK STEAKHOUSE INC POLITICAL ACTION COMMITTEE

Mailing Address 2202 N WESTSHORE BOULEVARD 5TH FLO

City State Zip Code
TAMPA FL 33607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2006

Transaction ID : SA12.8420

Amount of Each Receipt this Period

1500.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. REPUBLICAN NATIONAL COMMITTEE - RNC

Mailing Address 310 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

978341.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2006

Transaction ID : SA12.8948

Amount of Each Receipt this Period

270000.00

Transfer

Full Name (Last, First, Middle Initial)

C. REPUBLICAN NATIONAL COMMITTEE - RNC

Mailing Address 310 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

998341.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2006

Transaction ID : SA12.8421

Amount of Each Receipt this Period

20000.00

Transfer

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

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

290000.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Jerome Ruzicka

Mailing Address 16110 46th Ave N

City	State	Zip Code
Minneapolis	MN	55446

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2006

Transaction ID : SA12.8423

Amount of Each Receipt this Period

10000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. John Sabre

Mailing Address 17 Bello Dr

City	State	Zip Code
Edina	MN	55439

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

MOUNT YALE CAPITAL

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2006

Transaction ID : SA12.8425

Amount of Each Receipt this Period

2000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Linda Schneider

Mailing Address 3000 Campus Dr

City	State	Zip Code
Minneapolis	MN	55441

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2006

Transaction ID : SA12.8427

Amount of Each Receipt this Period

250.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. William Schneider

Mailing Address 465 Hunter Pass

City State Zip Code
Wayzata MN 55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Turck Inc

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2006

Transaction ID : SA12.8429

Amount of Each Receipt this Period

250.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Janet Schutz

Mailing Address 865 Navajo Rd

City State Zip Code
Medina MN 55340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2006

Transaction ID : SA12.8430

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. William Slattery

Mailing Address 21955 Minnetonka Blvd

City State Zip Code
Excelsior MN 55331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2006

Transaction ID : SA12.8432

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Smith and Wesson Holding Corp PAC

Mailing Address 2100 Roosevelt Avenue

City State Zip Code
 Springfield MA 01104

FEC ID number of contributing
federal political committee.

C C00419051

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / 21 / 2006

Transaction ID : SA12.8434

Amount of Each Receipt this Period

200.00

Special Teams 2006 Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SMITHKLINE BEECHAM CORPORATION POLITICAL ACTION COMMITTEE (GLAXOSMITHKLINE PAC)

Mailing Address Five Moore Drive
 P.O. Box 13358

City State Zip Code
 Res. Triangle Park NC 27709

FEC ID number of contributing
federal political committee.

C C00199703

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / 21 / 2006

Transaction ID : SA12.8435

Amount of Each Receipt this Period

1250.00

Special Teams 2006 Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SOLUTIONS AMERICA PAC

Mailing Address 575 EIGHTH AVENUE
 24TH FLOOR

City State Zip Code
 NEW YORK NY 10018

FEC ID number of contributing
federal political committee.

C C00419051

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

10 / 24 / 2006

Transaction ID : SA12.8437

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

0.00

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
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Christian Taylor

Mailing Address 515 Santa Paula Dr

City	State	Zip Code
Salinas	CA	93901

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2006

Transaction ID : SA12.8439

Amount of Each Receipt this Period

1500.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Mr. Glen Taylor

Mailing Address 1 Taylor Lane

City	State	Zip Code
Mankota	MN	56001

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Taylor Corporation

Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2006

Transaction ID : SA12.8441

Amount of Each Receipt this Period

10000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Kyle Taylor

Mailing Address 515 Santa Paula Dr

City	State	Zip Code
Salinas	CA	93901

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2006

Transaction ID : SA12.8443

Amount of Each Receipt this Period

1500.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s)
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☐ 11a ☐ 11b ☐ 11c ☒ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Meghan Taylor

Mailing Address 515 Santa Paula Dr

City State Zip Code
 Salinas CA 93901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2006

Transaction ID : SA12.8445

Amount of Each Receipt this Period

1500.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Steven Taylor

Mailing Address 515 Santa Paula Dr

City State Zip Code
 Salinas CA 93901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Veritas

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2006

Transaction ID : SA12.8447

Amount of Each Receipt this Period

500.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TCF PAC

Mailing Address 801 MARQUETTE AVENUE

City State Zip Code
 MINNEAPOLIS MN 55402

FEC ID number of contributing
federal political committee.

C C00218263

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 13 / 2006

Transaction ID : SA12.8449

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 67 OF 349

(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

Full Name (Last, First, Middle Initial)

A. THE ACA INTERNATIONAL PAC

Mailing Address PO BOX 390106

City State Zip Code
 Minneapolis MN 55439-0106

FEC ID number of contributing
federal political committee.

C C00034785

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / **01** / **2006**

Transaction ID : SA12.8451

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. THE HAWKEYE PAC

Mailing Address PO Box 7255

City State Zip Code
 Des Moines IA 50309

FEC ID number of contributing
federal political committee.

C C00379479

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / **07** / **2006**

Transaction ID : SA12.8366

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Lucia Ellis Uihlein

Mailing Address 1001 Sheridan Rd

City State Zip Code
 Lake Bluff IL 60044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

10 / **24** / **2006**

Transaction ID : SA12.8453

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

0.00

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 68 OF 349

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. VULCAN MATERIALS COMPANY-POLITICAL ACTION COMMITTEE

Mailing Address P. O. Box 385014

City	State	Zip Code
Birmingham	AL	35238

FEC ID number of contributing federal political committee.

C C00116020

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2006

Transaction ID : SA12.8455

Amount of Each Receipt this Period

200.00

Special Teams 2006 Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 SW 8th Street

City	State	Zip Code
Bentonville	AR	72716

FEC ID number of contributing federal political committee.

C C00093054

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2006

Transaction ID : SA12.8457

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Paul Walser

Mailing Address 4609 Browndale Ave

City	State	Zip Code
Edina	MN	55424

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Walser Co's

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2006

Transaction ID : SA12.8458

Amount of Each Receipt this Period

3000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

0.00

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 69 OF 349

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. WALTER INDUSTRIES INC PAC (WALTPAC) (FKA JIM WALTER CORP PAC)

Mailing Address 4211 W BOY SCOUT BOULEVARD

City	State	Zip Code
TAMPA	FL	33607

FEC ID number of contributing federal political committee.

C C00106971

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2006

Transaction ID : SA12.8460

Amount of Each Receipt this Period

100.00

Special Teams 2006 Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. John Wren

Mailing Address 2261 Northridge Avenue Circle

City	State	Zip Code
Stillwater	MN	55082

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Lakeville Motor Express

Chairman of the Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2006

Transaction ID : SA12.8461

Amount of Each Receipt this Period

1000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Craig Wylie

Mailing Address 13720 Lincoln St NE

City	State	Zip Code
Andover	MN	55304

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Wolf Creek Elk Ranch

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2006

Transaction ID : SA12.8463

Amount of Each Receipt this Period

400.00

Mark Kennedy Victory Committee

[MEMO ITEM]

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

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

0.00

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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 70 OF 349

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Norma Zitzloff

Mailing Address 5790 Hardscrabble Circle

City State Zip Code
Mound MN 55364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2006

Transaction ID : SA12.8464

Amount of Each Receipt this Period

1750.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Rick Zitzloff

Mailing Address 3941 Turtle Rd

City State Zip Code
Saint Bonafacius MN 55375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Zitco Inc

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2006

Transaction ID : SA12.8466

Amount of Each Receipt this Period

5000.00

Mark Kennedy Victory Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

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

0.00

656400.50

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

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

FOR LINE NUMBER: PAGE 71 OF 349

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input checked="" 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

Full Name (Last, First, Middle Initial)

A. Alliance Bank

Mailing Address 444 Cedar Street

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 ▼

304565.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2006

Transaction ID : SA13.10095

Amount of Each Receipt this Period

50000.00

Line of Credit

Full Name (Last, First, Middle Initial)

B. Alliance Bank

Mailing Address 444 Cedar Street

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 ▼

357008.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2006

Transaction ID : SA13.10162

Amount of Each Receipt this Period

50000.00

Line of Credit

Full Name (Last, First, Middle Initial)

C. Alliance Bank

Mailing Address 444 Cedar Street

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 ▼

407008.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2006

Transaction ID : SA13.10164

Amount of Each Receipt this Period

50000.00

Line of Credit

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

150000.00

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 72 OF 349
(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

Full Name (Last, First, Middle Initial)

A. Alliance Bank

Mailing Address 444 Cedar Street

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 ▼

457008.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2006

Transaction ID : SA13.10167

Amount of Each Receipt this Period

50000.00

Line of Credit

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

50000.00

200000.00

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

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

FOR LINE NUMBER: PAGE 73 OF 349

(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

Full Name (Last, First, Middle Initial)

A. BACHMANN FOR CONGRESS

Mailing Address Box 49756

City	State	Zip Code
Blaine	MN	55449

FEC ID number of contributing federal political committee.

C C00410118

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12166.90

Date of Receipt

10 / 30 / 2006

Transaction ID : SA15.8974

Amount of Each Receipt this Period

5717.10

Refund- Party Telemarketing Expense

Full Name (Last, First, Middle Initial)

B. BACHMANN FOR CONGRESS

Mailing Address Box 49756

City	State	Zip Code
Blaine	MN	55449

FEC ID number of contributing federal political committee.

C C00410118

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12806.65

Date of Receipt

11 / 07 / 2006

Transaction ID : SA15.8467

Amount of Each Receipt this Period

639.75

Refund- Party Telemarketing Expense

Full Name (Last, First, Middle Initial)

C. Corey Miltimore

Mailing Address 7245 Guilder Dr
#222

City	State	Zip Code
St Paul	MN	55125

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2534.70

Date of Receipt

10 / 25 / 2006

Transaction ID : SA15.8975

Amount of Each Receipt this Period

244.21

Insurance - Cobra

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

6601.06

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SA15
Transaction ID : SA15.8974

Bachmann for Congress was charged the market price for the telemarketing calls made by us.

Form/Schedule: SA15
Transaction ID: SA15.8467

Bachmann for Congress was charged the market price for the telemarketing calls made by us.

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

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

FOR LINE NUMBER: PAGE 75 OF 349

(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

Full Name (Last, First, Middle Initial)

A. Alexander Whitney

Mailing Address 2915 Dean Parkway Apt 206

City	State	Zip Code
Minneapolis	MN	55416

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

938.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2006			

Transaction ID : SA15.8976

Amount of Each Receipt this Period

184.62

Insurance - Cobra

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Receipt this Period

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

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

184.62

6785.68

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

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

FOR LINE NUMBER: PAGE 76 OF 349
(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

Full Name (Last, First, Middle Initial)

A. Alliance Bank

Mailing Address 444 Cedar Street

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 ▼

304586.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2006

Transaction ID : SA17.8977

Amount of Each Receipt this Period

20.78

Interest Income

Full Name (Last, First, Middle Initial)

B. Alliance Bank

Mailing Address 444 Cedar Street

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 ▼

305693.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2006

Transaction ID : SA17.10092

Amount of Each Receipt this Period

1107.09

Interest Income

Full Name (Last, First, Middle Initial)

C. Alliance Bank

Mailing Address 444 Cedar Street

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 ▼

307008.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2006

Transaction ID : SA17.10104

Amount of Each Receipt this Period

1314.63

Interest Income

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

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

2442.50

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

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

FOR LINE NUMBER: PAGE 77 OF 349

(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 type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Minnesota Department of Revenue

Mailing Address PO Box 821

City	State	Zip Code
St Paul	MN	55115

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

34505.21

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 13 / 2006

Transaction ID : SA17.8468

Amount of Each Receipt this Period

839.25

State rev. share check off

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

839.25

3281.75

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" 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

Full Name (Last, First, Middle Initial)

A. REPUBLICAN PARTY OF MINNESOTA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2006

Mailing Address 525 PARK STREET
SUITE 250

City ST. PAUL State MN Zip Code 55103

Purpose of Disbursement
Transfer To State Account

Candidate Name

Category/
Type**Transaction ID : SB22.10139**

Amount of Each Disbursement this Period

62188.33

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

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

62188.33

62188.33

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB
.

Form/Schedule: **SB22**

Transaction ID : **SB22.10139**

Please Note: The activity disclosed by this Committee meets the definition of exempt activity for all purchases of campaign materials. Unless otherwise specified, no disbursements were associated with specific candidates.

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Alliance Bank

Mailing Address 444 Cedar Street

City	State	Zip Code
St. Paul	MN	55101

Purpose of Disbursement
Loan Repayment

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2006

Transaction ID : SB26.10113

Amount of Each Disbursement this Period

5228.72

Full Name (Last, First, Middle Initial)

B. Alliance Bank

Mailing Address 444 Cedar Street

City	State	Zip Code
St. Paul	MN	55101

Purpose of Disbursement
Loan Repayment

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2006

Transaction ID : SB26.10169

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

C. Alliance Bank

Mailing Address 444 Cedar Street

City	State	Zip Code
St. Paul	MN	55101

Purpose of Disbursement
Loan Repayment

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2006

Transaction ID : SB26.10163

Amount of Each Disbursement this Period

50000.00

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

105228.72

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Alliance Bank

Mailing Address 444 Cedar Street

City	State	Zip Code
St. Paul	MN	55101

Purpose of Disbursement
Loan Repayment

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2006

Transaction ID : SB26.10166

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

B. Alliance Bank

Mailing Address 444 Cedar Street

City	State	Zip Code
St. Paul	MN	55101

Purpose of Disbursement
Loan Repayment

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB26.10168

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

100000.00

205228.72

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. George Anderson

Mailing Address 11412 Mississippi Dr N

City State Zip Code
 Champlin MN 55316

Purpose of Disbursement
 Refund of Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 10 21 2006

Transaction ID : SB28A.9072

Amount of Each Disbursement this Period

7000.00

Full Name (Last, First, Middle Initial)

B. David Frauenshuh

Mailing Address 6401 Indian Hills Road

City State Zip Code
 Edina MN 55439

Purpose of Disbursement
 Refund of Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 10 21 2006

Transaction ID : SB28A.9073

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. Mark Gruss

Mailing Address 26140 Birch Bluff Road

City State Zip Code
 Shorewood MN 55331

Purpose of Disbursement
 Refund of Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 10 30 2006

Transaction ID : SB28A.9074

Amount of Each Disbursement this Period

5000.00

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

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

22000.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

REPUBLICAN PARTY OF MINNESOTA

A. Patrick Lynch

Mailing Address 709 7th St N

City	State	Zip Code
Sartell	MN	56377

Purpose of Disbursement
Refund of contribution

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB28A.9075

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

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) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

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) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

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

1000.00

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

23000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. B&B Adcrafters

Mailing Address 1712 Marshall Street, NE

City	State	Zip Code
Minneapolis	MN	55413

Purpose of Disbursement
Pawlenty signs

004

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2006

Transaction ID : SB29.9728

Amount of Each Disbursement this Period

2640.76

Full Name (Last, First, Middle Initial)

B. Brooklyn PrintingMailing Address 8616 Xylon Ave N
Ste 51

City	State	Zip Code
Minneapolis	MN	55445

Purpose of Disbursement
Party Printing Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2006

Transaction ID : SB29.9706

Amount of Each Disbursement this Period

28178.23

Full Name (Last, First, Middle Initial)

C. Capitol Direct

Mailing Address 1270 Eagan Industrial Rd

City	State	Zip Code
St Paul	MN	55121

Purpose of Disbursement
Party Mailhouse Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2006

Transaction ID : SB29.9704

Amount of Each Disbursement this Period

4528.82

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

35347.81

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 349

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Capitol Direct

Mailing Address 1270 Eagan Industrial Rd

City	State	Zip Code
St Paul	MN	55121

Purpose of Disbursement
Party Mailhouse Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2006

Transaction ID : SB29.9714

Amount of Each Disbursement this Period

3904.79

Full Name (Last, First, Middle Initial)

B. Capitol Direct

Mailing Address 1270 Eagan Industrial Rd

City	State	Zip Code
St Paul	MN	55121

Purpose of Disbursement
Party Mailhouse Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB29.9734

Amount of Each Disbursement this Period

6054.38

Full Name (Last, First, Middle Initial)

C. Capitol Direct

Mailing Address 1270 Eagan Industrial Rd

City	State	Zip Code
St Paul	MN	55121

Purpose of Disbursement
Party Mailhouse Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB29.9743

Amount of Each Disbursement this Period

3582.40

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

13541.57

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Laura Casey

Mailing Address 2665 4th Ave. # 7

City Anoka	State MN	Zip Code 55303
---------------	-------------	-------------------

Purpose of Disbursement
Political Office

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB29.9730

Amount of Each Disbursement this Period

157.85

Full Name (Last, First, Middle Initial)

B. CMI Mailing & MarketingMailing Address 21021 Heron Way
Suite 106

City Lakeville	State MN	Zip Code 55044
-------------------	-------------	-------------------

Purpose of Disbursement
Mailing

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2006

Transaction ID : SB29.9708

Amount of Each Disbursement this Period

299.28

Full Name (Last, First, Middle Initial)

C. CMI Mailing & MarketingMailing Address 21021 Heron Way
Suite 106

City Lakeville	State MN	Zip Code 55044
-------------------	-------------	-------------------

Purpose of Disbursement
Mailings

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB29.9736

Amount of Each Disbursement this Period

5619.63

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

6076.76

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 349

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Covad Communications

Mailing Address PO Box 39008

City	State	Zip Code
San Francisco	CA	94139

Purpose of Disbursement
Internet service

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB29.9732

Amount of Each Disbursement this Period

119.75

Full Name (Last, First, Middle Initial)

B. Danger StudiosMailing Address 1219 Marquette Avenue
Suite 111

City	State	Zip Code
Minneapolis	MN	55403

Purpose of Disbursement
Advertising

004

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2006

Transaction ID : SB29.9770

Amount of Each Disbursement this Period

2290.00

Full Name (Last, First, Middle Initial)

C. Discount Steel, Inc.

Mailing Address 216 27th Avenue North

City	State	Zip Code
Minneapolis	MN	55411

Purpose of Disbursement
Pawlenty Signs

004

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2006

Transaction ID : SB29.9701

Amount of Each Disbursement this Period

738.30

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

3148.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 349

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Fabrizio McLaughlinMailing Address 915 King Street
Second Floor

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Party Polling Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB29.9729

Amount of Each Disbursement this Period

46320.00

Full Name (Last, First, Middle Initial)

B. Gallagher MediaMailing Address 627 Snelling Avenue S
Suite 210

City St. Paul State MN Zip Code 55116

Purpose of Disbursement
Generic Party Media

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2006

Transaction ID : SB29.9709

Amount of Each Disbursement this Period

45000.00

Full Name (Last, First, Middle Initial)

C. Gallagher MediaMailing Address 627 Snelling Avenue S
Suite 210

City St. Paul State MN Zip Code 55116

Purpose of Disbursement
Generic Party Media

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2006

Transaction ID : SB29.9717

Amount of Each Disbursement this Period

40000.00

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

131320.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Gallagher MediaMailing Address 627 Snelling Avenue S
Suite 210

City St. Paul State MN Zip Code 55116

Purpose of Disbursement
Generic Party Media

004

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 25 2006

Transaction ID : SB29.9725

Amount of Each Disbursement this Period

75000.00

Full Name (Last, First, Middle Initial)

B. Gallagher MediaMailing Address 627 Snelling Avenue S
Suite 210

City St. Paul State MN Zip Code 55116

Purpose of Disbursement
Generic Party Media

004

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 27 2006

Transaction ID : SB29.9733

Amount of Each Disbursement this Period

105000.00

Full Name (Last, First, Middle Initial)

C. Gallagher MediaMailing Address 627 Snelling Avenue S
Suite 210

City St. Paul State MN Zip Code 55116

Purpose of Disbursement
Generic Party Media

004

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 27 2006

Transaction ID : SB29.9741

Amount of Each Disbursement this Period

95000.00

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

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

275000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Gallagher MediaMailing Address 627 Snelling Avenue S
Suite 210

City St. Paul State MN Zip Code 55116

Purpose of Disbursement
Media for State Candidate

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2006

Transaction ID : SB29.10145

Amount of Each Disbursement this Period

110000.00

Full Name (Last, First, Middle Initial)

B. Gallagher MediaMailing Address 627 Snelling Avenue S
Suite 210

City St. Paul State MN Zip Code 55116

Purpose of Disbursement
Generic Party Media

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB29.9746

Amount of Each Disbursement this Period

100000.00

Full Name (Last, First, Middle Initial)

C. Gallagher MediaMailing Address 627 Snelling Avenue S
Suite 210

City St. Paul State MN Zip Code 55116

Purpose of Disbursement
Generic Party Media

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Transaction ID : SB29.9751

Amount of Each Disbursement this Period

41500.00

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

251500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Gallagher MediaMailing Address 627 Snelling Avenue S
Suite 210

City St. Paul State MN Zip Code 55116

Purpose of Disbursement
Volunteer driven mail

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2006

Transaction ID : SB29.9757

Amount of Each Disbursement this Period

88000.00

Full Name (Last, First, Middle Initial)

B. Gallagher MediaMailing Address 627 Snelling Avenue S
Suite 210

City St. Paul State MN Zip Code 55116

Purpose of Disbursement
Party Postage Expense

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2006

Transaction ID : SB29.9762

Amount of Each Disbursement this Period

90000.00

Full Name (Last, First, Middle Initial)

C. Gallagher MediaMailing Address 627 Snelling Avenue S
Suite 210

City St. Paul State MN Zip Code 55116

Purpose of Disbursement
Generic Party Media

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2006

Transaction ID : SB29.9766

Amount of Each Disbursement this Period

98700.00

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

276700.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Johnson/Anderson

Mailing Address 5010 Valley Industrial Blvd. S

City	State	Zip Code
Shakopee	MN	55379

Purpose of Disbursement
Party Mailing Expense

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2006

Transaction ID : SB29.9707

Amount of Each Disbursement this Period

2584.32

Full Name (Last, First, Middle Initial)

B. Johnson/Anderson

Mailing Address 5010 Valley Industrial Blvd. S

City	State	Zip Code
Shakopee	MN	55379

Purpose of Disbursement
Party Mailing Expense

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2006

Transaction ID : SB29.9711

Amount of Each Disbursement this Period

1830.48

Full Name (Last, First, Middle Initial)

C. Johnson/Anderson

Mailing Address 5010 Valley Industrial Blvd. S

City	State	Zip Code
Shakopee	MN	55379

Purpose of Disbursement
Party Mailing Expense

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB29.9735

Amount of Each Disbursement this Period

8354.66

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

12769.46

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Kiffmeyer for Secretary of State

Mailing Address PO Box 711

City	State	Zip Code
Big Lake	MN	55339

Purpose of Disbursement
Contribution to Candidate

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2006

Transaction ID : SB29.9721

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Majority Communications, Inc.Mailing Address 274 Marconi Blvd.
#260

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement
Party Printing Templates

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2006

Transaction ID : SB29.9715

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

C. Minnesota College Republicans

Mailing Address 480 Cedar Street

City	State	Zip Code
St. Paul	MN	55101

Purpose of Disbursement
Transfer

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Transaction ID : SB29.10321

Amount of Each Disbursement this Period

2690.00

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

7940.00

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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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Minn UC Fund

Mailing Address PO Box 821

City Minneapolis State MN Zip Code 55480

Purpose of Disbursement
SUTA taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 30 / 2006

Transaction ID : SB29.9742

Amount of Each Disbursement this Period

5090.00

Full Name (Last, First, Middle Initial)

B. Moby Dick Airways

Mailing Address PO Box 77518

City Washington State DC Zip Code 20013

Purpose of Disbursement
Volunteer driven mail

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 03 / 2006

Transaction ID : SB29.9764

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. Pinnacle Direct

Mailing Address 15260 113th Street North

City Stillwater State MN Zip Code 55082

Purpose of Disbursement
Party Mailhouse Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 05 / 2006

Transaction ID : SB29.9765

Amount of Each Disbursement this Period

17192.04

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

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

32282.04

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Public Opinion StrategiesMailing Address 277 S. Washington
Ste. 320

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Party Polling Expense

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2006

Transaction ID : SB29.9716

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Rapit Printing

Mailing Address 1415 1st Ave NW

City New Brighton State MN Zip Code 55112

Purpose of Disbursement
Party Printing Expense

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2006

Transaction ID : SB29.9705

Amount of Each Disbursement this Period

2264.59

Full Name (Last, First, Middle Initial)

C. Rapit Printing

Mailing Address 1415 1st Ave NW

City New Brighton State MN Zip Code 55112

Purpose of Disbursement
Party Printing Expense

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2006

Transaction ID : SB29.9710

Amount of Each Disbursement this Period

2673.71

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

9938.30

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Rapit Printing

Mailing Address 1415 1st Ave NW

City	State	Zip Code
New Brighton	MN	55112

Purpose of Disbursement
Party Printing Expense

004

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB29.9737

Amount of Each Disbursement this Period

6831.52

Full Name (Last, First, Middle Initial)

B. REIT Management & ResearchMailing Address 330 Second Avenue South
Suite 110

City	State	Zip Code
Minneapolis	MN	55401

Purpose of Disbursement
Rent

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2006

Transaction ID : SB29.9754

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Ryan Media, Inc.Mailing Address 5030 Holly Lane North
Unit 4

City	State	Zip Code
Plymouth	MN	55446

Purpose of Disbursement
Local Ale. Act./Special

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2006

Transaction ID : SB29.9767

Amount of Each Disbursement this Period

6667.00

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

13698.52

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

REPUBLICAN PARTY OF MINNESOTA

11 / 06 / 2006

Category/
Type

20000.00

☐ Primary ☐ General
☐ Other (specify) ▼

004

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB29.9699

001

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

33665.41

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Party Postage Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2006

Transaction ID : SB29.9700

Amount of Each Disbursement this Period

2628.96

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Party Postage Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2006

Transaction ID : SB29.9702

Amount of Each Disbursement this Period

3755.00

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Party Postage Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2006

Transaction ID : SB29.9703

Amount of Each Disbursement this Period

2230.34

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

8614.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Party Postage Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2006

Transaction ID : SB29.9712

Amount of Each Disbursement this Period

17817.97

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Party Postage Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2006

Transaction ID : SB29.9713

Amount of Each Disbursement this Period

4303.50

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Party Postage Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2006

Transaction ID : SB29.9722

Amount of Each Disbursement this Period

1545.47

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

23666.94

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address 401 E Kellogg

City State Zip Code
 St Paul MN 55101

Purpose of Disbursement
 Party Postage Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 10 25 2006

Transaction ID : SB29.9723

Amount of Each Disbursement this Period

2642.78

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address 401 E Kellogg

City State Zip Code
 St Paul MN 55101

Purpose of Disbursement
 Party Postage Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 10 25 2006

Transaction ID : SB29.9724

Amount of Each Disbursement this Period

1027.25

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address 401 E Kellogg

City State Zip Code
 St Paul MN 55101

Purpose of Disbursement
 Party Postage Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 10 25 2006

Transaction ID : SB29.9726

Amount of Each Disbursement this Period

8230.00

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

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

11900.03

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Postage for State Candidates

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB29.10108

Amount of Each Disbursement this Period

6974.67

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Postage for State Candidate

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB29.10109

Amount of Each Disbursement this Period

1999.69

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Postage for State Candidates

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB29.10110

Amount of Each Disbursement this Period

14571.56

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

23545.92

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Party Postage Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2006

Transaction ID : SB29.9739

Amount of Each Disbursement this Period

5739.56

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Party Postage Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2006

Transaction ID : SB29.9740

Amount of Each Disbursement this Period

1902.22

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Party Postage Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB29.9744

Amount of Each Disbursement this Period

4896.53

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

12538.31

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Party Postage Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Transaction ID : SB29.9747

Amount of Each Disbursement this Period

27434.31

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Party Postage Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Transaction ID : SB29.9748

Amount of Each Disbursement this Period

11393.77

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Party Postage Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2006

Transaction ID : SB29.9752

Amount of Each Disbursement this Period

6478.05

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

45306.13

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address 401 E Kellogg

City State Zip Code
 St Paul MN 55101

Purpose of Disbursement
 Party Postage Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 / 02 / 2006

Transaction ID : SB29.9756

Amount of Each Disbursement this Period

7645.41

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address 401 E Kellogg

City State Zip Code
 St Paul MN 55101

Purpose of Disbursement
 Party Postage Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 / 03 / 2006

Transaction ID : SB29.9758

Amount of Each Disbursement this Period

974.88

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address 401 E Kellogg

City State Zip Code
 St Paul MN 55101

Purpose of Disbursement
 Postage for state candidate

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 / 03 / 2006

Transaction ID : SB29.9759

Amount of Each Disbursement this Period

3240.07

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

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

11860.36

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Party Postage Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2006

Transaction ID : SB29.9760

Amount of Each Disbursement this Period

682.37

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Party Postage Expense

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2006

Transaction ID : SB29.9761

Amount of Each Disbursement this Period

1500.93

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

2183.30

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

1242543.21

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Alliance Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2006

Mailing Address 444 Cedar Street

City	State	Zip Code
St. Paul	MN	55101

Transaction ID : SB30B.10123Purpose of Disbursement
Payroll Taxes

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

13624.73

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:

Full Name (Last, First, Middle Initial)

B. Alliance Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2006

Mailing Address 444 Cedar Street

City	State	Zip Code
St. Paul	MN	55101

Transaction ID : SB30B.10362Purpose of Disbursement
Loan Interest Due

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.70

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:

Full Name (Last, First, Middle Initial)

C. Alliance Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Mailing Address 444 Cedar Street

City	State	Zip Code
St. Paul	MN	55101

Transaction ID : SB30B.8979Purpose of Disbursement
Health Insurance Savings Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

236.63

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:

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

14862.06

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Alliance Bank

Mailing Address 444 Cedar Street

City State Zip Code
 St. Paul MN 55101

Purpose of Disbursement
 Payroll Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 31 2006

Transaction ID : SB30B.10129

Amount of Each Disbursement this Period

1060.81

Full Name (Last, First, Middle Initial)

B. Alliance Bank

Mailing Address 444 Cedar Street

City State Zip Code
 St. Paul MN 55101

Purpose of Disbursement
 Health Insurance Savings Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 01 2006

Transaction ID : SB30B.8469

Amount of Each Disbursement this Period

1440.00

Full Name (Last, First, Middle Initial)

C. Alliance Bank

Mailing Address 444 Cedar Street

City State Zip Code
 St. Paul MN 55101

Purpose of Disbursement
 Payroll taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 01 2006

Transaction ID : SB30B.8470

Amount of Each Disbursement this Period

6702.24

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

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

9203.05

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Alliance Bank

Mailing Address 444 Cedar Street

City	State	Zip Code
St. Paul	MN	55101

Purpose of Disbursement
Payroll taxes

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2006

Transaction ID : SB30B.9222

Amount of Each Disbursement this Period

14836.19

Full Name (Last, First, Middle Initial)

B. Alliance Bank

Mailing Address 444 Cedar Street

City	State	Zip Code
St. Paul	MN	55101

Purpose of Disbursement
Loan Interest Due

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2006

Transaction ID : SB30B.10365

Amount of Each Disbursement this Period

148.96

Full Name (Last, First, Middle Initial)

C. Alliance Bank

Mailing Address 444 Cedar Street

City	State	Zip Code
St. Paul	MN	55101

Purpose of Disbursement
Loan Interest Due

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2006

Transaction ID : SB30B.10363

Amount of Each Disbursement this Period

68.75

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

15053.90

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Alliance Bank

Mailing Address 444 Cedar Street

City State Zip Code
 St. Paul MN 55101

Purpose of Disbursement
 Payroll Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 / 15 / 2006

Transaction ID : SB30B.10171

Amount of Each Disbursement this Period

6799.40

Full Name (Last, First, Middle Initial)

B. Alliance Bank

Mailing Address 444 Cedar Street

City State Zip Code
 St. Paul MN 55101

Purpose of Disbursement
 Payroll Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 / 22 / 2006

Transaction ID : SB30B.10176

Amount of Each Disbursement this Period

13778.34

Full Name (Last, First, Middle Initial)

C. American Express Financial

Mailing Address P.O. Box 5167

City State Zip Code
 Westborough MA 01581

Purpose of Disbursement
 IRA's

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 / 22 / 2006

Transaction ID : SB30B.8471

Amount of Each Disbursement this Period

1659.56

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

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

22237.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Michael J. Anderson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 475 Dayton Ave #1
#228

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12041**

Amount of Each Disbursement this Period

4.00

[MEMO ITEM]

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Michael J. Anderson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 475 Dayton Ave #1
#228

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12045**

Amount of Each Disbursement this Period

4.00

[MEMO ITEM]

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Michael J. Anderson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 475 Dayton Ave #1
#228

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12081**

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Michael J. Anderson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 475 Dayton Ave #1
#228

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12092**

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Michael J. Anderson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Mailing Address 475 Dayton Ave #1
#228

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8980**

Amount of Each Disbursement this Period

206.91

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Michael J. Anderson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Mailing Address 475 Dayton Ave #1
#228

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8472**

Amount of Each Disbursement this Period

118.50

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

325.41

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Michael J. Anderson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Mailing Address 475 Dayton Ave #1
#228

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8473**

Amount of Each Disbursement this Period

160.88

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Alyssa Angelo

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 2515 University Ave SE

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12105**

Amount of Each Disbursement this Period

2.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Alyssa Angelo

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Mailing Address 2515 University Ave SE

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8981**

Amount of Each Disbursement this Period

174.13

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

335.01

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Alyssa Angelo

Mailing Address 2515 University Ave SE

City	State	Zip Code
Minneapolis	MN	55414

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8475

Amount of Each Disbursement this Period

179.07

Full Name (Last, First, Middle Initial)

B. Alyssa Angelo

Mailing Address 2515 University Ave SE

City	State	Zip Code
Minneapolis	MN	55414

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8476

Amount of Each Disbursement this Period

120.31

Full Name (Last, First, Middle Initial)

C. Alexander Argo

Mailing Address 9428 Erin Ct

City	State	Zip Code
Woodbury	MN	55129

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.8982

Amount of Each Disbursement this Period

329.30

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

628.68

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

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Alexander Argo

Mailing Address 9428 Erin Ct

City Woodbury State MN Zip Code 55129

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 10 / 2006

Transaction ID : SB30B.8478

Amount of Each Disbursement this Period

336.11

Full Name (Last, First, Middle Initial)

B. Alexander Argo

Mailing Address 9428 Erin Ct

City Woodbury State MN Zip Code 55129

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 24 / 2006

Transaction ID : SB30B.8479

Amount of Each Disbursement this Period

334.89

Full Name (Last, First, Middle Initial)

C. Jason Arrington

Mailing Address 3839 2nd. Ave. NE

City Columbia Heights State MN Zip Code 55421

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 27 / 2006

Transaction ID : SB30B.8983

Amount of Each Disbursement this Period

504.06

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

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

1175.06

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Jason Arrington

Mailing Address 3839 2nd. Ave. NE

City	State	Zip Code
Columbia Heights	MN	55421

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8480

Amount of Each Disbursement this Period

498.76

Full Name (Last, First, Middle Initial)

B. Jason Arrington

Mailing Address 3839 2nd. Ave. NE

City	State	Zip Code
Columbia Heights	MN	55421

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8481

Amount of Each Disbursement this Period

592.27

Full Name (Last, First, Middle Initial)

C. Auto Owner's Insurance

Mailing Address PO Box 30278

City	State	Zip Code
Lansing	MI	48909

Purpose of Disbursement
Insurance expense

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Transaction ID : SB30B.8482

Amount of Each Disbursement this Period

2521.29

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

3612.32

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. BACHMANN FOR CONGRESS

Mailing Address Box 49756

City	State	Zip Code
Blaine	MN	55449

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MN	District: 06

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9076

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Adam BauerMailing Address 590 Holley Ave.
Apt. 14B

City	State	Zip Code
St. Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9077

Amount of Each Disbursement this Period

1375.05

Full Name (Last, First, Middle Initial)

C. Adam BauerMailing Address 590 Holley Ave.
Apt. 14B

City	State	Zip Code
St. Paul	MN	55102

Purpose of Disbursement
Furniture and Telephone Expense

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9078

Amount of Each Disbursement this Period

1081.00

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

2656.05

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: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB30B
Transaction ID : SB30B.9078

Target 326.79 Cort Furniture 679.64, and Verizon 74.57 are support for Adam Bauer's expense report

Form/Schedule:
Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Adam Bauer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Mailing Address 590 Holley Ave.
Apt. 14B

City St. Paul State MN Zip Code 55102

Purpose of Disbursement
Telephones, Mileage, Office Supplies

Candidate Name

Category/
Type**Transaction ID : SB30B.8626**

Amount of Each Disbursement this Period

3710.96

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Adam Bauer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Mailing Address 590 Holley Ave.
Apt. 14B

City St. Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8627**

Amount of Each Disbursement this Period

1375.05

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Patrick Beezley

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2006

Mailing Address 577 Grand Ave

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12044**

Amount of Each Disbursement this Period

1.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5086.01

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB30B

Transaction ID : SB30B.8626

Mileage 597.62, McLeod 1129.52, Best Buy 137.69, and Verizon 738.50 are support for Bauer's expense report of 11/14

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Patrick Beezley

Mailing Address 577 Grand Ave

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12020

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Patrick Beezley

Mailing Address 577 Grand Ave

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12032

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Patrick Beezley

Mailing Address 577 Grand Ave

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12040

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Patrick Beezley

Mailing Address 577 Grand Ave

City State Zip Code
 St Paul MN 55102

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 26 2006

Transaction ID : SB30B.12077

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Patrick Beezley

Mailing Address 577 Grand Ave

City State Zip Code
 St Paul MN 55102

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 26 2006

Transaction ID : SB30B.12080

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Patrick Beezley

Mailing Address 577 Grand Ave

City State Zip Code
 St Paul MN 55102

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 27 2006

Transaction ID : SB30B.8984

Amount of Each Disbursement this Period

680.04

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

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

680.04

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Patrick Beezley

Mailing Address 577 Grand Ave

City State Zip Code
 St Paul MN 55102

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2006

Transaction ID : SB30B.8483

Amount of Each Disbursement this Period

717.69

Full Name (Last, First, Middle Initial)

B. Patrick Beezley

Mailing Address 577 Grand Ave

City State Zip Code
 St Paul MN 55102

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 24 / 2006

Transaction ID : SB30B.8484

Amount of Each Disbursement this Period

646.56

Full Name (Last, First, Middle Initial)

C. Best Buy # 329

Mailing Address Maple Grove Mall

City State Zip Code
 Maple Grove MN 55369

Purpose of Disbursement
 Phones - Bauer

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 14 / 2006

Transaction ID : SB30B.8628

Amount of Each Disbursement this Period

137.69

[MEMO ITEM]

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

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

1364.25

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<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

Full Name (Last, First, Middle Initial)

A. Best Western Kelly Inn

Mailing Address 100 4th Ave S

City	State	Zip Code
St Cloud	MN	56301

Purpose of Disbursement
Lodging: out-of state volunteers

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2006

Transaction ID : SB30B.8629

Amount of Each Disbursement this Period

2317.12

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Blue Cross Blue Shield of Minnesota

Mailing Address P.O. Box 64179

City	State	Zip Code
St. Paul	MN	55164-0179

Purpose of Disbursement
Insurance expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Transaction ID : SB30B.8485

Amount of Each Disbursement this Period

4980.00

Full Name (Last, First, Middle Initial)

C. Kevan Bohan

Mailing Address 14108 County Road 51

City	State	Zip Code
St. Joseph	MN	56374

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.8985

Amount of Each Disbursement this Period

710.51

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

5690.51

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Kevan Bohan

Mailing Address 14108 County Road 51

City	State	Zip Code
St. Joseph	MN	56374

Purpose of Disbursement
Mileage, Meals & Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8630

Amount of Each Disbursement this Period

1093.78

Full Name (Last, First, Middle Initial)

B. Kevan Bohan

Mailing Address 14108 County Road 51

City	State	Zip Code
St. Joseph	MN	56374

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8486

Amount of Each Disbursement this Period

710.51

Full Name (Last, First, Middle Initial)

C. Broadway Pizza

Mailing Address 1575 Queens Drive

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Pizza for volunteers

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Transaction ID : SB30B.8632

Amount of Each Disbursement this Period

185.55

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1804.29

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB30B

Transaction ID : SB30B.8630

Mileage 661.46, Cash wise 226.95, Office depot 205.37 are support for Bohan's expense report of 11/14

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Michael Brodkorb

Mailing Address 4513 Cedar Lake Rd

City	State	Zip Code
St Louis Park	MN	55416

Purpose of Disbursement
Party Strategic Communication Consultant

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8634

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Capitol Direct

Mailing Address 1270 Eagan Industrial Rd

City	State	Zip Code
St Paul	MN	55121

Purpose of Disbursement
Door Hangers for multiple candidates

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2006

Transaction ID : SB30B.8635

Amount of Each Disbursement this Period

37488.00

Full Name (Last, First, Middle Initial)

C. Ron Carey

Mailing Address 5986 Highview Place

City	State	Zip Code
Shoreview	MN	55126

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.8986

Amount of Each Disbursement this Period

2691.05

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

42679.05

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Ron Carey

Mailing Address 5986 Highview Place

City	State	Zip Code
Shoreview	MN	55126

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8487

Amount of Each Disbursement this Period

2691.05

Full Name (Last, First, Middle Initial)

B. Joel Cary

Mailing Address 1290 Loma Linda Ln

City	State	Zip Code
Mound	MN	55364

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.8987

Amount of Each Disbursement this Period

2336.81

Full Name (Last, First, Middle Initial)

C. Joel Cary

Mailing Address 1290 Loma Linda Ln

City	State	Zip Code
Mound	MN	55364

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8488

Amount of Each Disbursement this Period

2336.81

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

7364.67

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Cash wise

Mailing Address 113 South Waite Avenue

City	State	Zip Code
Waite Park	MN	56387

Purpose of Disbursement
Food - Bohan

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8637

Amount of Each Disbursement this Period

226.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Tamara CharlesMailing Address 680 Stewart Ave
tam

City	State	Zip Code
Saint Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12075

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Tamara CharlesMailing Address 680 Stewart Ave
tam

City	State	Zip Code
Saint Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.8988

Amount of Each Disbursement this Period

355.11

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

355.11

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Tamara CharlesMailing Address 680 Stewart Ave
tam

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8489

Amount of Each Disbursement this Period

440.05

Full Name (Last, First, Middle Initial)

B. Tamara CharlesMailing Address 680 Stewart Ave
tam

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8490

Amount of Each Disbursement this Period

377.34

Full Name (Last, First, Middle Initial)

C. Joel Chavez

Mailing Address 475 Dayton Ave Apt 1

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12023

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

817.39

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Joel Chavez

Mailing Address 475 Dayton Ave Apt 1

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12056

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Joel Chavez

Mailing Address 475 Dayton Ave Apt 1

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12063

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Joel Chavez

Mailing Address 475 Dayton Ave Apt 1

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12065

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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SCHEDULE B (FEC Form 3X)
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for each category of the
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(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Joel Chavez

Mailing Address 475 Dayton Ave Apt 1

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12078

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Joel Chavez

Mailing Address 475 Dayton Ave Apt 1

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12084

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Joel Chavez

Mailing Address 475 Dayton Ave Apt 1

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.8989

Amount of Each Disbursement this Period

535.12

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

535.12

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Joel Chavez

Mailing Address 475 Dayton Ave Apt 1

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.8990

Amount of Each Disbursement this Period

178.86

Full Name (Last, First, Middle Initial)

B. Joel Chavez

Mailing Address 475 Dayton Ave Apt 1

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8491

Amount of Each Disbursement this Period

478.22

Full Name (Last, First, Middle Initial)

C. Joel Chavez

Mailing Address 475 Dayton Ave Apt 1

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8492

Amount of Each Disbursement this Period

178.86

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

835.94

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Joel Chavez

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Mailing Address 475 Dayton Ave Apt 1

City	State	Zip Code
St Paul	MN	55102

Transaction ID : SB30B.8493Purpose of Disbursement
Salary

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

629.94

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:

Full Name (Last, First, Middle Initial)

B. Cort Furniture

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Mailing Address 8925 Lyndale Ave.

City	State	Zip Code
Bloomington	MN	55420

Transaction ID : SB30B.8639Purpose of Disbursement
Furniture for satellite offices

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

679.64

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Country Inn

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Mailing Address 18894 Dodge Street

City	State	Zip Code
Elk River	MN	55330

Transaction ID : SB30B.8641Purpose of Disbursement
Facility Rental & Catering for Meeting

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

400.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

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

629.94

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Gina Countyman

Mailing Address 2458 County Road I
305

City Mounds View State MN Zip Code 55112

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2006

Transaction ID : SB30B.8991

Amount of Each Disbursement this Period

1033.48

Full Name (Last, First, Middle Initial)

B. Gina Countyman

Mailing Address 2458 County Road I
305

City Mounds View State MN Zip Code 55112

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 15 / 2006

Transaction ID : SB30B.8494

Amount of Each Disbursement this Period

1033.48

Full Name (Last, First, Middle Initial)

C. Christopher Dalton

Mailing Address c/o 525 Park Street

City St Paul State MN Zip Code 55103

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 26 / 2006

Transaction ID : SB30B.12017

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

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

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

2066.96

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

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Christopher Dalton

Mailing Address c/o 525 Park Street

City State Zip Code
 St Paul MN 55103

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 26 2006

Transaction ID : SB30B.12053

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Christopher Dalton

Mailing Address c/o 525 Park Street

City State Zip Code
 St Paul MN 55103

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 26 2006

Transaction ID : SB30B.12098

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Dan-Ter

Mailing Address 1530 Greenview Dr SW
 Ste 101

City State Zip Code
 Rochester MN 55902

Purpose of Disbursement
 Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 26 2006

Transaction ID : SB30B.9085

Amount of Each Disbursement this Period

600.00

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

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

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Dan-TerMailing Address 1530 Greenview Dr SW
Ste 101

City Rochester State MN Zip Code 55902

Purpose of Disbursement
Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2006

Transaction ID : SB30B.8642

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. Christian Darouni

Mailing Address 758 Reaney Ave

City St Paul State MN Zip Code 55106

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.8992

Amount of Each Disbursement this Period

986.89

Full Name (Last, First, Middle Initial)

C. Christian Darouni

Mailing Address 758 Reaney Ave

City St Paul State MN Zip Code 55106

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8495

Amount of Each Disbursement this Period

1121.06

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

2707.95

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Christian Darouni

Mailing Address 758 Reaney Ave

City	State	Zip Code
St Paul	MN	55106

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8496

Amount of Each Disbursement this Period

776.88

Full Name (Last, First, Middle Initial)

B. Patty Daugherty

Mailing Address 1395a Farrington

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.8993

Amount of Each Disbursement this Period

468.77

Full Name (Last, First, Middle Initial)

C. Patty Daugherty

Mailing Address 1395a Farrington

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8497

Amount of Each Disbursement this Period

598.17

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

1843.82

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

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Patty Daugherty

Mailing Address 1395a Farrington

City State Zip Code
 St Paul MN 55104

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 24 / 2006

Transaction ID : SB30B.8498

Amount of Each Disbursement this Period

514.13

Full Name (Last, First, Middle Initial)

B. Days Inn Airport

Mailing Address 1901 Killebrew Drive

City State Zip Code
 Bloomington MN 55425

Purpose of Disbursement
 Lodging: out-state volunteers

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2006

Transaction ID : SB30B.8644

Amount of Each Disbursement this Period

1511.91

Full Name (Last, First, Middle Initial)

C. Days Inn Airport

Mailing Address 1901 Killebrew Drive

City State Zip Code
 Bloomington MN 55425

Purpose of Disbursement
 Lodging - Wilcox

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 28 / 2006

Transaction ID : SB30B.9239

Amount of Each Disbursement this Period

216.73

[MEMO ITEM]

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

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

2026.04

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Lucas Dedman

Mailing Address 680 Stewart Ave

City	State	Zip Code
St. Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12009

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Lucas Dedman

Mailing Address 680 Stewart Ave

City	State	Zip Code
St. Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12052

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Lucas Dedman

Mailing Address 680 Stewart Ave

City	State	Zip Code
St. Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12086

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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SCHEDULE B (FEC Form 3X)
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(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Lucas Dedman

Mailing Address 680 Stewart Ave

City	State	Zip Code
St. Paul	MN	55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.8994

Amount of Each Disbursement this Period

354.20

Full Name (Last, First, Middle Initial)

B. Lucas Dedman

Mailing Address 680 Stewart Ave

City	State	Zip Code
St. Paul	MN	55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8500

Amount of Each Disbursement this Period

219.70

Full Name (Last, First, Middle Initial)

C. Lucas Dedman

Mailing Address 680 Stewart Ave

City	State	Zip Code
St. Paul	MN	55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8501

Amount of Each Disbursement this Period

441.55

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

1015.45

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Dominos Pizza

Mailing Address Cedar Street and 9th Street

City	State	Zip Code
St. Paul	MN	55113

Purpose of Disbursement
Pizza for volunteers - Wilcox

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Transaction ID : SB30B.8645

Amount of Each Disbursement this Period

127.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Dominos Pizza

Mailing Address Cedar Street and 9th Street

City	State	Zip Code
St. Paul	MN	55113

Purpose of Disbursement
Food for volunteers - Russell

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8646

Amount of Each Disbursement this Period

161.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Dominos Pizza

Mailing Address Cedar Street and 9th Street

City	State	Zip Code
St. Paul	MN	55113

Purpose of Disbursement
Pizza for volunteers Wilcox

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2006

Transaction ID : SB30B.9240

Amount of Each Disbursement this Period

214.93

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Mark Drake

Mailing Address 1533 Lincoln Way
202

City McLean State VA Zip Code 22102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 10 31 2006

Transaction ID : SB30B.8995

Amount of Each Disbursement this Period

1728.84

Full Name (Last, First, Middle Initial)

B. Mark Drake

Mailing Address 1533 Lincoln Way
202

City McLean State VA Zip Code 22102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 11 15 2006

Transaction ID : SB30B.8502

Amount of Each Disbursement this Period

1819.29

Full Name (Last, First, Middle Initial)

C. Enterprise Rent a Car - Bloomington

Mailing Address 1517 Lyndale Ave. S

City Bloomington State MN Zip Code 55420

Purpose of Disbursement
Deposit for car and van rentals

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 10 31 2006

Transaction ID : SB30B.9088

Amount of Each Disbursement this Period

5000.00

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

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

8548.13

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<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

Full Name (Last, First, Middle Initial)

A. Enterprise Rent a Car - Bloomington

Mailing Address 1517 Lyndale Ave. S

City	State	Zip Code
Bloomington	MN	55420

Purpose of Disbursement
Transportation: out-of-state volunteers

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2006

Transaction ID : SB30B.8648

Amount of Each Disbursement this Period

4558.72

Full Name (Last, First, Middle Initial)

B. Enterprise Rent a Car - Bloomington

Mailing Address 1517 Lyndale Ave. S

City	State	Zip Code
Bloomington	MN	55420

Purpose of Disbursement
Transportation: out-of-state volunteers

Candidate Name

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2006

Transaction ID : SB30B.9242

Amount of Each Disbursement this Period

707.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Nick Erickson

Mailing Address 9344 134th Street

City	State	Zip Code
Savage	MN	55378

Purpose of Disbursement
Salary

Candidate Name

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9089

Amount of Each Disbursement this Period

895.43

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

5454.15

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Nick Erickson

Mailing Address 9344 134th Street

City	State	Zip Code
Savage	MN	55378

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8649

Amount of Each Disbursement this Period

895.43

Full Name (Last, First, Middle Initial)

B. Travis Ernst

Mailing Address 1482 Sherman Lake Rd

City	State	Zip Code
Lino Lakes	MN	55038

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.8996

Amount of Each Disbursement this Period

171.93

Full Name (Last, First, Middle Initial)

C. Travis Ernst

Mailing Address 1482 Sherman Lake Rd

City	State	Zip Code
Lino Lakes	MN	55038

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8503

Amount of Each Disbursement this Period

293.15

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

1360.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<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

Full Name (Last, First, Middle Initial)

A. Travis Ernst

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2006

Mailing Address 1482 Sherman Lake Rd

Transaction ID : SB30B.8504

City	State	Zip Code
Lino Lakes	MN	55038

Amount of Each Disbursement this Period

Purpose of Disbursement
SalaryCategory/
Type

112.54

Candidate Name

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:

Full Name (Last, First, Middle Initial)

B. Flowers by Jerry

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2006

Mailing Address 410 3rd. AVE SE

Transaction ID : SB30B.8651

Amount of Each Disbursement this Period

City	State	Zip Code
Rochester	MN	55904

Purpose of Disbursement
Flowers for rallyCategory/
Type

535.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2006
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: District:

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FLS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2006

Mailing Address 7300 Hudson Blvd. Suite 270

Transaction ID : SB30B.8652

Amount of Each Disbursement this Period

City	State	Zip Code
St. Paul	MN	55128

Purpose of Disbursement
Generic GOTV phonebanksCategory/
Type

250000.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2006
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: District:

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

250112.54

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Ryan Flynn

Mailing Address 12828 ExhallAve. N

City	State	Zip Code
Hugo	MN	55038

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.8997

Amount of Each Disbursement this Period

647.99

Full Name (Last, First, Middle Initial)

B. Ryan Flynn

Mailing Address 12828 ExhallAve. N

City	State	Zip Code
Hugo	MN	55038

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8505

Amount of Each Disbursement this Period

647.99

Full Name (Last, First, Middle Initial)

C. Raymond ForrestMailing Address 680 Stewart Ave
for

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12019

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1295.98

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Raymond Forrest

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 680 Stewart Ave
for

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12036**

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Raymond Forrest

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 680 Stewart Ave
for

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12054**

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Raymond Forrest

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 680 Stewart Ave
for

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12066**

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Raymond Forrest

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 680 Stewart Ave
for

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12100**

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Raymond Forrest

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 680 Stewart Ave
for

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12111**

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Raymond Forrest

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Mailing Address 680 Stewart Ave
for

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8998**

Amount of Each Disbursement this Period

641.95

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

641.95

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Raymond Forrest

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Mailing Address 680 Stewart Ave
for

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8506**

Amount of Each Disbursement this Period

680.16

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) ▼	

Full Name (Last, First, Middle Initial)

B. Raymond Forrest

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Mailing Address 680 Stewart Ave
for

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8507**

Amount of Each Disbursement this Period

447.19

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) ▼	

Full Name (Last, First, Middle Initial)

C. Clinton Foster

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Mailing Address 386 Sterling St S

City	State	Zip Code
St Paul	MN	55119

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8999**

Amount of Each Disbursement this Period

623.50

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

1750.85

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Clinton Foster

Mailing Address 386 Sterling St S

City St Paul State MN Zip Code 55119

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2006

Transaction ID : SB30B.8508

Amount of Each Disbursement this Period

616.83

Full Name (Last, First, Middle Initial)

B. Clinton Foster

Mailing Address 386 Sterling St S

City St Paul State MN Zip Code 55119

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2006

Transaction ID : SB30B.8509

Amount of Each Disbursement this Period

437.89

Full Name (Last, First, Middle Initial)

C. Jared Foster

Mailing Address 386 Sterling St S

City Maplewood State MN Zip Code 55119

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2006

Transaction ID : SB30B.12024

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

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

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

1054.72

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Jared Foster

Mailing Address 386 Sterling St S

City State Zip Code
 Maplewood MN 55119

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 10 26 2006

Transaction ID : SB30B.12047

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Jared Foster

Mailing Address 386 Sterling St S

City State Zip Code
 Maplewood MN 55119

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 10 26 2006

Transaction ID : SB30B.12073

Amount of Each Disbursement this Period

4.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Jared Foster

Mailing Address 386 Sterling St S

City State Zip Code
 Maplewood MN 55119

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 10 27 2006

Transaction ID : SB30B.9000

Amount of Each Disbursement this Period

251.85

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

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

251.85

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<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

Full Name (Last, First, Middle Initial)

A. Karen FranzeMailing Address 100 1st. Street SE
P.O. Box 829

City Pelican Rapids State MN Zip Code 56572

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8512

Amount of Each Disbursement this Period

629.01

Full Name (Last, First, Middle Initial)

B. Chris Gerlach

Mailing Address 173 County Road 42

City Apple Valley State MN Zip Code 55124

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9002

Amount of Each Disbursement this Period

2982.61

Full Name (Last, First, Middle Initial)

C. Chris Gerlach

Mailing Address 173 County Road 42

City Apple Valley State MN Zip Code 55124

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9003

Amount of Each Disbursement this Period

1089.74

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

4701.36

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

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

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(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Chris Gerlach

Mailing Address 173 County Road 42

City State Zip Code
 Apple Valley MN 55124

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 15 / 2006

Transaction ID : SB30B.8513

Amount of Each Disbursement this Period

1089.74

Full Name (Last, First, Middle Initial)

B. Benjamin Golnik

Mailing Address 76 Western Ave Apt 2

City State Zip Code
 St Paul MN 55102

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2006

Transaction ID : SB30B.9004

Amount of Each Disbursement this Period

2184.14

Full Name (Last, First, Middle Initial)

C. Benjamin Golnik

Mailing Address 76 Western Ave Apt 2

City State Zip Code
 St Paul MN 55102

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 15 / 2006

Transaction ID : SB30B.8514

Amount of Each Disbursement this Period

2184.14

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

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

5458.02

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<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

Full Name (Last, First, Middle Initial)

A. Benjamin Grams

Mailing Address 7831 Jocelyn Ave S

City	State	Zip Code
Gottage Grove	MN	55016

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9006

Amount of Each Disbursement this Period

156.17

Full Name (Last, First, Middle Initial)

B. Dallas HansenMailing Address 11210 Partridge St
DH

City	State	Zip Code
Coon Rapids	MN	55433

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12110

Amount of Each Disbursement this Period

4.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Dallas HansenMailing Address 11210 Partridge St
DH

City	State	Zip Code
Coon Rapids	MN	55433

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9007

Amount of Each Disbursement this Period

481.23

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

637.40

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Dallas HansenMailing Address 11210 Partridge St
DH

City Coon Rapids State MN Zip Code 55433

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8515

Amount of Each Disbursement this Period

507.07

Full Name (Last, First, Middle Initial)

B. Dallas HansenMailing Address 11210 Partridge St
DH

City Coon Rapids State MN Zip Code 55433

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8516

Amount of Each Disbursement this Period

521.85

Full Name (Last, First, Middle Initial)

C. Sarah Hansen-Jones

Mailing Address 505 E Hoyt Ave

City St Paul State MN Zip Code 55105

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9008

Amount of Each Disbursement this Period

524.05

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

1552.97

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Sarah Hansen-Jones

Mailing Address 505 E Hoyt Ave

City	State	Zip Code
St Paul	MN	55105

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8517

Amount of Each Disbursement this Period

546.02

Full Name (Last, First, Middle Initial)

B. Sarah Hansen-Jones

Mailing Address 505 E Hoyt Ave

City	State	Zip Code
St Paul	MN	55105

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8518

Amount of Each Disbursement this Period

477.24

Full Name (Last, First, Middle Initial)

C. Jennifer Hardy

Mailing Address 591 Bay St

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9009

Amount of Each Disbursement this Period

742.53

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

1765.79

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Jennifer Hardy

Mailing Address 591 Bay St

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8519

Amount of Each Disbursement this Period

758.20

Full Name (Last, First, Middle Initial)

B. Jennifer Hardy

Mailing Address 591 Bay St

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8520

Amount of Each Disbursement this Period

509.09

Full Name (Last, First, Middle Initial)

C. Matthew HargettMailing Address 680 Stewart Ave
har

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12018

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1267.29

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Matthew Hargett

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 680 Stewart Ave
har

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12057**

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Matthew Hargett

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 680 Stewart Ave
har

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12062**

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Matthew Hargett

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 680 Stewart Ave
har

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12089**

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Matthew HargettMailing Address 680 Stewart Ave
har

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12097

Amount of Each Disbursement this Period

4.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Matthew HargettMailing Address 680 Stewart Ave
har

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12109

Amount of Each Disbursement this Period

4.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Matthew HargettMailing Address 680 Stewart Ave
har

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9010

Amount of Each Disbursement this Period

764.40

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

764.40

--

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Matthew Hargett

Mailing Address 680 Stewart Ave
har

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 10 / 2006

Transaction ID : SB30B.8521

Amount of Each Disbursement this Period

916.57

Full Name (Last, First, Middle Initial)

B. Matthew Hargett

Mailing Address 680 Stewart Ave
har

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 24 / 2006

Transaction ID : SB30B.8522

Amount of Each Disbursement this Period

533.20

Full Name (Last, First, Middle Initial)

C. Barbara Harper

Mailing Address 1995 Glen Trail

City Stillwater State MN Zip Code 55082

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2006

Transaction ID : SB30B.9011

Amount of Each Disbursement this Period

740.04

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

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

2189.81

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Barbara Harper

Mailing Address 1995 Glen Trail

City	State	Zip Code
Stillwater	MN	55082

Purpose of Disbursement
Food for volunteers

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8653

Amount of Each Disbursement this Period

333.73

Full Name (Last, First, Middle Initial)

B. Barbara Harper

Mailing Address 1995 Glen Trail

City	State	Zip Code
Stillwater	MN	55082

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8523

Amount of Each Disbursement this Period

740.04

Full Name (Last, First, Middle Initial)

C. Hans HassellMailing Address 155 Little Canada Drive
103

City	State	Zip Code
Little Canada	MN	55117

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9012

Amount of Each Disbursement this Period

638.51

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

1712.28

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: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SB30B

Transaction ID : SB30B.8653

Kiwi Trip 119.96 and Pizza Hut 213.77 are support for Harper's expense report of 11/14

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Hans HassellMailing Address 155 Little Canada Drive
103

City Little Canada State MN Zip Code 55117

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8524

Amount of Each Disbursement this Period

638.51

Full Name (Last, First, Middle Initial)

B. Mark C. Hauser

Mailing Address 13041 Trent Street

City San Antonio State TX Zip Code 78282

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9013

Amount of Each Disbursement this Period

809.01

Full Name (Last, First, Middle Initial)

C. Mark C. Hauser

Mailing Address 13041 Trent Street

City San Antonio State TX Zip Code 78282

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8526

Amount of Each Disbursement this Period

809.01

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

2256.53

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Aaron Heidebrink

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Mailing Address 1975 W University Ave
#242

City St Paul State MN Zip Code 55105

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.9014**

Amount of Each Disbursement this Period

903.86

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Aaron Heidebrink

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Mailing Address 1975 W University Ave
#242

City St Paul State MN Zip Code 55105

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8527**

Amount of Each Disbursement this Period

903.11

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Aaron Heidebrink

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Mailing Address 1975 W University Ave
#242

City St Paul State MN Zip Code 55105

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8528**

Amount of Each Disbursement this Period

903.31

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

2710.28

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Troy Hilderbrand

Mailing Address 1827 Laurel Ave

City	State	Zip Code
Saint Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12035

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Troy Hilderbrand

Mailing Address 1827 Laurel Ave

City	State	Zip Code
Saint Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12068

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Troy Hilderbrand

Mailing Address 1827 Laurel Ave

City	State	Zip Code
Saint Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12082

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<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

Full Name (Last, First, Middle Initial)

A. Troy Hilderbrand

Mailing Address 1827 Laurel Ave

City	State	Zip Code
Saint Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12108

Amount of Each Disbursement this Period

8.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Troy Hilderbrand

Mailing Address 1827 Laurel Ave

City	State	Zip Code
Saint Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9015

Amount of Each Disbursement this Period

510.74

Full Name (Last, First, Middle Initial)

C. Troy Hilderbrand

Mailing Address 1827 Laurel Ave

City	State	Zip Code
Saint Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8530

Amount of Each Disbursement this Period

754.21

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

1264.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<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

Full Name (Last, First, Middle Initial)

A. Troy Hilderbrand

Mailing Address 1827 Laurel Ave

City	State	Zip Code
Saint Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8531

Amount of Each Disbursement this Period

226.38

Full Name (Last, First, Middle Initial)

B. Thomas Hoffman

Mailing Address 6051 Courtyly Alcove #E

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12087

Amount of Each Disbursement this Period

4.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Thomas Hoffman

Mailing Address 6051 Courtyly Alcove #E

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9016

Amount of Each Disbursement this Period

165.54

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

391.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<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

Full Name (Last, First, Middle Initial)

A. Thomas Hoffman

Mailing Address 6051 Courtyly Alcove #E

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8532

Amount of Each Disbursement this Period

83.12

Full Name (Last, First, Middle Initial)

B. Thomas Hoffman

Mailing Address 6051 Courtyly Alcove #E

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8533

Amount of Each Disbursement this Period

94.79

Full Name (Last, First, Middle Initial)

C. Andrew Holmgren

Mailing Address 545 N Snelling Ave Apt 227

City	State	Zip Code
St Paul	MN	55107

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9017

Amount of Each Disbursement this Period

758.63

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

936.54

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Andrew Holmgren

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	0			2	0	0	6		

Mailing Address 545 N Snelling Ave Apt 227

City	State	Zip Code
St Paul	MN	55107

Transaction ID : SB30B.8534Purpose of Disbursement
Salary

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

8	1	3	.	5	3
---	---	---	---	---	---

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) ▼
-------------------	--

Full Name (Last, First, Middle Initial)

B. Andrew Holmgren

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	4			2	0	0	6		

Mailing Address 545 N Snelling Ave Apt 227

City	State	Zip Code
St Paul	MN	55107

Transaction ID : SB30B.8535Purpose of Disbursement
Salary

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

6	6	5	.	5	5
---	---	---	---	---	---

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) ▼
-------------------	--

Full Name (Last, First, Middle Initial)

C. Eric Hoplin

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	0	6		

Mailing Address 13612 Bryant Pl

City	State	Zip Code
Burnsville	MN	55337

Transaction ID : SB30B.9018Purpose of Disbursement
Salary

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

1	8	6	9	.	0	2
---	---	---	---	---	---	---

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

3	3	4	8	.	1	0
---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Eric Hoplin

Mailing Address 13612 Bryant Pl

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8536

Amount of Each Disbursement this Period

1869.02

Full Name (Last, First, Middle Initial)

B. Rachel Horn

Mailing Address 10109 Zenith Road

City	State	Zip Code
Bloomington	MN	55431

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9091

Amount of Each Disbursement this Period

782.51

Full Name (Last, First, Middle Initial)

C. Rachel Horn

Mailing Address 10109 Zenith Road

City	State	Zip Code
Bloomington	MN	55431

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8654

Amount of Each Disbursement this Period

782.51

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

3434.04

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Ronald Huettl

Mailing Address 70 Virginia St
#1

City St Paul State MN Zip Code 55107

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 10 31 2006

Transaction ID : SB30B.9019

Amount of Each Disbursement this Period

1271.89

Full Name (Last, First, Middle Initial)

B. Ronald Huettl

Mailing Address 70 Virginia St
#1

City St Paul State MN Zip Code 55107

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 11 15 2006

Transaction ID : SB30B.8537

Amount of Each Disbursement this Period

1271.89

Full Name (Last, First, Middle Initial)

C. Bryan Humphreys

Mailing Address 153 Little Canada Road E
Apt. 103

City Little Canada State MN Zip Code 55117

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 10 31 2006

Transaction ID : SB30B.9092

Amount of Each Disbursement this Period

710.51

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

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

3254.29

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Bryan Humphreys

Mailing Address 153 Little Canada Road E
Apt. 103

City Little Canada State MN Zip Code 55117

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 15 / 2006

Transaction ID : SB30B.8655

Amount of Each Disbursement this Period

710.51

Full Name (Last, First, Middle Initial)

B. Kathleen Hupalo

Mailing Address 684 Delaware Ave

City St Paul State MN Zip Code 55107

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 26 / 2006

Transaction ID : SB30B.12027

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Kathleen Hupalo

Mailing Address 684 Delaware Ave

City St Paul State MN Zip Code 55107

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 26 / 2006

Transaction ID : SB30B.12091

Amount of Each Disbursement this Period

4.00

[MEMO ITEM]

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

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

710.51

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Kathleen Hupalo

Mailing Address 684 Delaware Ave

City State Zip Code
 St Paul MN 55107

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 10 26 2006

Transaction ID : SB30B.12101

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Kathleen Hupalo

Mailing Address 684 Delaware Ave

City State Zip Code
 St Paul MN 55107

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 10 27 2006

Transaction ID : SB30B.9020

Amount of Each Disbursement this Period

390.05

Full Name (Last, First, Middle Initial)

C. Kathleen Hupalo

Mailing Address 684 Delaware Ave

City State Zip Code
 St Paul MN 55107

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 10 2006

Transaction ID : SB30B.8538

Amount of Each Disbursement this Period

336.27

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

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

726.32

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<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

Full Name (Last, First, Middle Initial)

A. Kathleen Hupalo

Mailing Address 684 Delaware Ave

City	State	Zip Code
St Paul	MN	55107

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8539

Amount of Each Disbursement this Period

85.34

Full Name (Last, First, Middle Initial)

B. Insty-Prints

Mailing Address 1552 West Larpenteur Ave.

City	State	Zip Code
FalconHeights	MN	55113

Purpose of Disbursement
Party Printing for Rally

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	2006
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2006

Transaction ID : SB30B.8657

Amount of Each Disbursement this Period

69.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Dustin Johnson

Mailing Address 9556 79th St S

City	State	Zip Code
Cottage Grove	MN	55016

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9021

Amount of Each Disbursement this Period

219.40

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

304.74

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Dustin Johnson

Mailing Address 9556 79th St S

City	State	Zip Code
Cottage Grove	MN	55016

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8540

Amount of Each Disbursement this Period

182.22

Full Name (Last, First, Middle Initial)

B. Dustin Johnson

Mailing Address 9556 79th St S

City	State	Zip Code
Cottage Grove	MN	55016

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8541

Amount of Each Disbursement this Period

166.90

Full Name (Last, First, Middle Initial)

C. Austin Kerrigan

Mailing Address 1365 Eustis Street # 5

City	State	Zip Code
St. Paul	MN	55108

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9022

Amount of Each Disbursement this Period

710.51

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

1059.63

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Austin Kerrigan

Mailing Address 1365 Eustis Street # 5

City	State	Zip Code
St. Paul	MN	55108

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8542

Amount of Each Disbursement this Period

710.51

Full Name (Last, First, Middle Initial)

B. Kiwi Trip

Mailing Address 3550 Settler Way

City	State	Zip Code
Stillwater	MN	55082

Purpose of Disbursement
Food for volunteers - Harper

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8659

Amount of Each Disbursement this Period

119.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Andrew Larson

Mailing Address 9124 Azalea Way

City	State	Zip Code
Inver Grove Hts	MN	55077

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9023

Amount of Each Disbursement this Period

683.99

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

1394.50

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Andrew Larson

Mailing Address 9124 Azalea Way

City	State	Zip Code
Inver Grove Hts	MN	55077

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8543

Amount of Each Disbursement this Period

683.99

Full Name (Last, First, Middle Initial)

B. Deidre Larson

Mailing Address 14990 Waco Street NW

City	State	Zip Code
Ramsey	MN	55303

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9024

Amount of Each Disbursement this Period

432.04

Full Name (Last, First, Middle Initial)

C. Deidre Larson

Mailing Address 14990 Waco Street NW

City	State	Zip Code
Ramsey	MN	55303

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8545

Amount of Each Disbursement this Period

432.04

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

1548.07

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Jessica Lawler

Mailing Address 223 Bates St #707

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12102

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Jessica Lawler

Mailing Address 223 Bates St #707

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9025

Amount of Each Disbursement this Period

313.76

Full Name (Last, First, Middle Initial)

C. Jessica Lawler

Mailing Address 223 Bates St #707

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8546

Amount of Each Disbursement this Period

276.97

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

590.73

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Jessica Lawler

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Mailing Address 223 Bates St #707

City	State	Zip Code
St Paul	MN	55102

Transaction ID : SB30B.8547Purpose of Disbursement
Salary

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

228.68

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:

Full Name (Last, First, Middle Initial)

B. Nicholas Leonetti

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 968 Lawson Ave. E.

City	State	Zip Code
St. Paul	MN	55106

Transaction ID : SB30B.12115Purpose of Disbursement
Salary

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2.00

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:

Full Name (Last, First, Middle Initial)

C. Nicholas Leonetti

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Mailing Address 968 Lawson Ave. E.

City	State	Zip Code
St. Paul	MN	55106

Transaction ID : SB30B.9026Purpose of Disbursement
Salary

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

332.54

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:

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

561.22

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Nicholas Leonetti

Mailing Address 968 Lawson Ave. E.

City	State	Zip Code
St. Paul	MN	55106

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8548

Amount of Each Disbursement this Period

291.99

Full Name (Last, First, Middle Initial)

B. Nicholas Leonetti

Mailing Address 968 Lawson Ave. E.

City	State	Zip Code
St. Paul	MN	55106

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8549

Amount of Each Disbursement this Period

281.12

Full Name (Last, First, Middle Initial)

C. Barbara Linert

Mailing Address 4282 Braddock Trl

City	State	Zip Code
Eagan	MN	55123

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9027

Amount of Each Disbursement this Period

889.24

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

1462.35

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Barbara Linert

Mailing Address 4282 Braddock Trl

City	State	Zip Code
Eagan	MN	55123

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8550

Amount of Each Disbursement this Period

889.24

Full Name (Last, First, Middle Initial)

B. Donna MageeMailing Address 680 Stewart Ave
DM

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9028

Amount of Each Disbursement this Period

17.11

Full Name (Last, First, Middle Initial)

C. Jeannette Manning

Mailing Address 749 Ottawa Ave

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9029

Amount of Each Disbursement this Period

790.16

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

1696.51

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Jeannette Manning

Mailing Address 749 Ottawa Ave

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8551

Amount of Each Disbursement this Period

448.40

Full Name (Last, First, Middle Initial)

B. Jeannette Manning

Mailing Address 749 Ottawa Ave

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8552

Amount of Each Disbursement this Period

156.15

Full Name (Last, First, Middle Initial)

C. Mayo Civic Center

Mailing Address 30 Civic Center Drive

City	State	Zip Code
Rochester	MN	55904

Purpose of Disbursement
Facility Rental for Rally

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2006

Transaction ID : SB30B.8661

Amount of Each Disbursement this Period

7830.75

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

8435.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Anika McCurdy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Mailing Address 3869 Granda Way N
am

City	State	Zip Code
Oakdale	MN	55128

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8554**

Amount of Each Disbursement this Period

234.25

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:

Full Name (Last, First, Middle Initial)

B. Jessica McGlaulin

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Mailing Address 1500 St. Olaf Ave.

City	State	Zip Code
Northfield	MN	55057

Purpose of Disbursement
Mileage

Candidate Name

Category/
Type**Transaction ID : SB30B.9095**

Amount of Each Disbursement this Period

383.29

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Jessica McGlaulin

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2006

Mailing Address 1500 St. Olaf Ave.

City	State	Zip Code
Northfield	MN	55057

Purpose of Disbursement
Mileage

Candidate Name

Category/
Type**Transaction ID : SB30B.9096**

Amount of Each Disbursement this Period

379.45

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:

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

996.99

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Jessica McGlauflin

Mailing Address 1500 St. Olaf Ave.

City Northfield State MN Zip Code 55057

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2006

Transaction ID : SB30B.9097

Amount of Each Disbursement this Period

809.01

Full Name (Last, First, Middle Initial)

B. Jessica McGlauflin

Mailing Address 1500 St. Olaf Ave.

City Northfield State MN Zip Code 55057

Purpose of Disbursement
Food and mileage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 01 / 2006

Transaction ID : SB30B.8662

Amount of Each Disbursement this Period

397.78

Full Name (Last, First, Middle Initial)

C. Jessica McGlauflin

Mailing Address 1500 St. Olaf Ave.

City Northfield State MN Zip Code 55057

Purpose of Disbursement
Mileage & general office supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 14 / 2006

Transaction ID : SB30B.8663

Amount of Each Disbursement this Period

533.22

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

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

1740.01

: 97 `A-G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: **SB30B**

Transaction ID : **SB30B.8662**

Broadway Pizza 185.55, mileage 29 and Ronnally's Pizza 154.23 are support for Jessican McGlaufin expense of 11/1

Form/Schedule: **SB30B**

Transaction ID: **SB30B.8663**

Verizon 395.10,mileage 19.40, office depot 118.72 are support for McGlaufin expense report 11/14

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Jessica McGlaulin

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	0	6		

Mailing Address 1500 St. Olaf Ave.

Transaction ID : SB30B.8664

City	State	Zip Code
Northfield	MN	55057

Amount of Each Disbursement this Period

Purpose of Disbursement
SalaryCategory/
Type

8	0	9	.	0	1
---	---	---	---	---	---

Candidate Name

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:

Full Name (Last, First, Middle Initial)

B. Douglas McGregor

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	0	6		

Mailing Address 100 Oakwood Drive

Transaction ID : SB30B.9030

City	State	Zip Code
Mankato	MN	56001

Amount of Each Disbursement this Period

Purpose of Disbursement
SalaryCategory/
Type

1	1	0	5	.	3	1
---	---	---	---	---	---	---

Candidate Name

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:

Full Name (Last, First, Middle Initial)

C. Douglas McGregor

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	0	6		

Mailing Address 100 Oakwood Drive

Transaction ID : SB30B.8555

City	State	Zip Code
Mankato	MN	56001

Amount of Each Disbursement this Period

Purpose of Disbursement
SalaryCategory/
Type

1	1	0	5	.	3	1
---	---	---	---	---	---	---

Candidate Name

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:

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

3019.63

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Landrey McKinzie

Mailing Address 7338 Jewel Ave S

City	State	Zip Code
Cottage Grove	MN	55016

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9031

Amount of Each Disbursement this Period

101.41

Full Name (Last, First, Middle Initial)

B. Landrey McKinzie

Mailing Address 7338 Jewel Ave S

City	State	Zip Code
Cottage Grove	MN	55016

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8556

Amount of Each Disbursement this Period

388.30

Full Name (Last, First, Middle Initial)

C. Landrey McKinzie

Mailing Address 7338 Jewel Ave S

City	State	Zip Code
Cottage Grove	MN	55016

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8557

Amount of Each Disbursement this Period

349.28

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

838.99

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. McLeod USA Credit Review

Mailing Address 1 Martha's way

City	State	Zip Code
Hiawatha	IA	52233

Purpose of Disbursement
Telephone expense - Linert

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8665

Amount of Each Disbursement this Period

1370.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. McLeod USA Credit Review

Mailing Address 1 Martha's way

City	State	Zip Code
Hiawatha	IA	52233

Purpose of Disbursement
Telephone expense - Bauer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8666

Amount of Each Disbursement this Period

1129.52

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. McLeod USA Credit Review

Mailing Address 1 Martha's way

City	State	Zip Code
Hiawatha	IA	52233

Purpose of Disbursement
Telephone expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8667

Amount of Each Disbursement this Period

748.08

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

748.08

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Metro Sales, Inc.

Mailing Address 1620 E. 78th Street

City	State	Zip Code
Minneapolis	MN	55423

Purpose of Disbursement
Copier rental

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2006

Transaction ID : SB30B.9100

Amount of Each Disbursement this Period

752.96

Full Name (Last, First, Middle Initial)

B. Metro Sales, Inc.

Mailing Address 1620 E. 78th Street

City	State	Zip Code
Minneapolis	MN	55423

Purpose of Disbursement
Copier rental

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9101

Amount of Each Disbursement this Period

374.50

Full Name (Last, First, Middle Initial)

C. Metro Sales, Inc.

Mailing Address 1620 E. 78th Street

City	State	Zip Code
Minneapolis	MN	55423

Purpose of Disbursement
Copier expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2006

Transaction ID : SB30B.8668

Amount of Each Disbursement this Period

372.75

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

1500.21

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Metro Sales, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Mailing Address 1620 E. 78th Street

City	State	Zip Code
Minneapolis	MN	55423

Transaction ID : SB30B.8669Purpose of Disbursement
copier rental

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

396.94

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Amanda Meyer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Mailing Address 680 Stewart Ave
ama

City	State	Zip Code
Saint Paul	MN	55102

Transaction ID : SB30B.9032Purpose of Disbursement
Salary

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

138.15

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:

Full Name (Last, First, Middle Initial)

C. Amanda Meyer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Mailing Address 680 Stewart Ave
ama

City	State	Zip Code
Saint Paul	MN	55102

Transaction ID : SB30B.8558Purpose of Disbursement
Salary

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

522.11

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:

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

1057.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Amanda MeyerMailing Address 680 Stewart Ave
ama

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8559

Amount of Each Disbursement this Period

360.03

Full Name (Last, First, Middle Initial)

B. William Milbach

Mailing Address 1438 N Pascal

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9033

Amount of Each Disbursement this Period

1089.35

Full Name (Last, First, Middle Initial)

C. William Milbach

Mailing Address 1438 N Pascal

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8560

Amount of Each Disbursement this Period

1088.97

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

2538.35

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

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. William Milbach

Mailing Address 1438 N Pascal

City State Zip Code
 St Paul MN 55102

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 24 / 2006

Transaction ID : SB30B.8561

Amount of Each Disbursement this Period

1088.61

Full Name (Last, First, Middle Initial)

B. Mileage

Mailing Address 525 Park Street
 suite 250

City State Zip Code
 St. Paul MN 55103

Purpose of Disbursement
 Mileage for McGlaulin

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2006

Transaction ID : SB30B.8670

Amount of Each Disbursement this Period

29.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Mileage

Mailing Address 525 Park Street
 suite 250

City State Zip Code
 St. Paul MN 55103

Purpose of Disbursement
 Support Wilcox

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2006

Transaction ID : SB30B.8671

Amount of Each Disbursement this Period

404.00

[MEMO ITEM]

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

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

1088.61

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Mileage

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Mailing Address 525 Park Street
suite 250

City St. Paul State MN Zip Code 55103

Purpose of Disbursement
Support Bohan

Candidate Name

Category/
Type**Transaction ID : SB30B.8672**

Amount of Each Disbursement this Period

661.46

[MEMO ITEM]

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Mileage

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Mailing Address 525 Park Street
suite 250

City St. Paul State MN Zip Code 55103

Purpose of Disbursement
McGlauffin

Candidate Name

Category/
Type**Transaction ID : SB30B.8673**

Amount of Each Disbursement this Period

19.40

[MEMO ITEM]

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Mileage

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Mailing Address 525 Park Street
suite 250

City St. Paul State MN Zip Code 55103

Purpose of Disbursement
Russel

Candidate Name

Category/
Type**Transaction ID : SB30B.8674**

Amount of Each Disbursement this Period

247.81

[MEMO ITEM]

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

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

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Mileage

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Mailing Address 525 Park Street
suite 250

City St. Paul State MN Zip Code 55103

Purpose of Disbursement
Bauer

Candidate Name

Category/
Type**Transaction ID : SB30B.8675**

Amount of Each Disbursement this Period

597.62

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Mileage

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2006

Mailing Address 525 Park Street
suite 250

City St. Paul State MN Zip Code 55103

Purpose of Disbursement
Mileage support Wilcox

Candidate Name

Category/
Type**Transaction ID : SB30B.9244**

Amount of Each Disbursement this Period

228.68

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Minnesota Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2006

Mailing Address PO Box 821

City St Paul State MN Zip Code 55115

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type**Transaction ID : SB30B.10122**

Amount of Each Disbursement this Period

2393.91

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

2393.91

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<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

Full Name (Last, First, Middle Initial)

A. Minnesota Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2006

Mailing Address PO Box 821

City	State	Zip Code
St Paul	MN	55115

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type**Transaction ID : SB30B.10124**

Amount of Each Disbursement this Period

2767.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Minnesota Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Mailing Address PO Box 821

City	State	Zip Code
St Paul	MN	55115

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type**Transaction ID : SB30B.10155**

Amount of Each Disbursement this Period

932.04

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Minnesota Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2006

Mailing Address PO Box 821

City	State	Zip Code
St Paul	MN	55115

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type**Transaction ID : SB30B.10180**

Amount of Each Disbursement this Period

2612.05

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

6311.09

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<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

Full Name (Last, First, Middle Initial)

A. Minnesota Department of Revenue

Mailing Address PO Box 821

City	State	Zip Code
St Paul	MN	55115

Purpose of Disbursement
Payroll Taxes

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.10170

Amount of Each Disbursement this Period

934.59

Full Name (Last, First, Middle Initial)

B. Minnesota Department of Revenue

Mailing Address PO Box 821

City	State	Zip Code
St Paul	MN	55115

Purpose of Disbursement
Payroll Taxes

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2006

Transaction ID : SB30B.10174

Amount of Each Disbursement this Period

2417.53

Full Name (Last, First, Middle Initial)

C. Adam Mohler

Mailing Address 3924 Cedar Grove Pkwy Apt 207

City	State	Zip Code
Eagan	MN	55122

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9034

Amount of Each Disbursement this Period

935.54

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

4287.66

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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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Adam Mohler

Mailing Address 3924 Cedar Grove Pkwy Apt 207

City Eagan State MN Zip Code 55122

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 10 / 2006

Transaction ID : SB30B.8562

Amount of Each Disbursement this Period

936.87

Full Name (Last, First, Middle Initial)

B. Adam Mohler

Mailing Address 3924 Cedar Grove Pkwy Apt 207

City Eagan State MN Zip Code 55122

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 24 / 2006

Transaction ID : SB30B.8563

Amount of Each Disbursement this Period

950.63

Full Name (Last, First, Middle Initial)

C. Cherye Lee Montgomery

Mailing Address PO Box 65231

City Saint Paul State MN Zip Code 55165

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 26 / 2006

Transaction ID : SB30B.12005

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

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

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

1887.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Cherye Lee Montgomery

Mailing Address PO Box 65231

City	State	Zip Code
Saint Paul	MN	55165

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12046

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Cherye Lee Montgomery

Mailing Address PO Box 65231

City	State	Zip Code
Saint Paul	MN	55165

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12076

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Cherye Lee Montgomery

Mailing Address PO Box 65231

City	State	Zip Code
Saint Paul	MN	55165

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12094

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<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

Full Name (Last, First, Middle Initial)

A. Cherye Lee Montgomery

Mailing Address PO Box 65231

City	State	Zip Code
Saint Paul	MN	55165

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12103

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Cherye Lee Montgomery

Mailing Address PO Box 65231

City	State	Zip Code
Saint Paul	MN	55165

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9035

Amount of Each Disbursement this Period

384.61

Full Name (Last, First, Middle Initial)

C. Cherye Lee Montgomery

Mailing Address PO Box 65231

City	State	Zip Code
Saint Paul	MN	55165

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8564

Amount of Each Disbursement this Period

464.97

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

849.58

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<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

Full Name (Last, First, Middle Initial)

A. Cherye Lee Montgomery

Mailing Address PO Box 65231

City	State	Zip Code
Saint Paul	MN	55165

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8565

Amount of Each Disbursement this Period

207.57

Full Name (Last, First, Middle Initial)

B. MP Operating LLC

Mailing Address P.O. Box 7218

City	State	Zip Code
St. Cloud	MN	56302

Purpose of Disbursement
Rent

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.9108

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

C. Sarah Ness

Mailing Address 8813 Rainier Ct

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12025

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

807.57

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Sarah Ness

Mailing Address 8813 Rainier Ct

City Woodbury State MN Zip Code 55125

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 26 / 2006

Transaction ID : SB30B.12048

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Sarah Ness

Mailing Address 8813 Rainier Ct

City Woodbury State MN Zip Code 55125

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 26 / 2006

Transaction ID : SB30B.12093

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Sarah Ness

Mailing Address 8813 Rainier Ct

City Woodbury State MN Zip Code 55125

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 26 / 2006

Transaction ID : SB30B.12113

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

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

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

0.00

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)

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Sarah Ness

Mailing Address 8813 Rainier Ct

City Woodbury State MN Zip Code 55125

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 27 / 2006

Transaction ID : SB30B.9036

Amount of Each Disbursement this Period

197.00

Full Name (Last, First, Middle Initial)

B. Sarah Ness

Mailing Address 8813 Rainier Ct

City Woodbury State MN Zip Code 55125

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 10 / 2006

Transaction ID : SB30B.8566

Amount of Each Disbursement this Period

223.09

Full Name (Last, First, Middle Initial)

C. Sarah Ness

Mailing Address 8813 Rainier Ct

City Woodbury State MN Zip Code 55125

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 24 / 2006

Transaction ID : SB30B.8567

Amount of Each Disbursement this Period

188.03

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

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

608.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<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

Full Name (Last, First, Middle Initial)

A. Nextel Communications

Mailing Address P.O. Box 4181

City	State	Zip Code
Carol Stream	IL	60197

Purpose of Disbursement
Telephone expense

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Transaction ID : SB30B.8676

Amount of Each Disbursement this Period

11540.19

Full Name (Last, First, Middle Initial)

B. Martha NicholsMailing Address 2124 Bates Ave.
H4

City	State	Zip Code
St. Paul	MN	55106

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12011

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Martha NicholsMailing Address 2124 Bates Ave.
H4

City	State	Zip Code
St. Paul	MN	55106

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12031

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11540.19

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Martha NicholsMailing Address 2124 Bates Ave.
H4

City St. Paul State MN Zip Code 55106

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12051

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Martha NicholsMailing Address 2124 Bates Ave.
H4

City St. Paul State MN Zip Code 55106

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12059

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Martha NicholsMailing Address 2124 Bates Ave.
H4

City St. Paul State MN Zip Code 55106

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12071

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Martha Nichols

Mailing Address 2124 Bates Ave.
H4

City State Zip Code
St. Paul MN 55106

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 26 2006

Transaction ID : SB30B.12085

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Martha Nichols

Mailing Address 2124 Bates Ave.
H4

City State Zip Code
St. Paul MN 55106

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 26 2006

Transaction ID : SB30B.12090

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Martha Nichols

Mailing Address 2124 Bates Ave.
H4

City State Zip Code
St. Paul MN 55106

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 26 2006

Transaction ID : SB30B.12099

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

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

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

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Martha NicholsMailing Address 2124 Bates Ave.
H4

City St. Paul State MN Zip Code 55106

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9037

Amount of Each Disbursement this Period

652.61

Full Name (Last, First, Middle Initial)

B. Martha NicholsMailing Address 2124 Bates Ave.
H4

City St. Paul State MN Zip Code 55106

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8568

Amount of Each Disbursement this Period

787.03

Full Name (Last, First, Middle Initial)

C. Martha NicholsMailing Address 2124 Bates Ave.
H4

City St. Paul State MN Zip Code 55106

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8569

Amount of Each Disbursement this Period

865.61

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

2305.25

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Harry Niezgocki

Mailing Address 8261 Red Oak Dr

City	State	Zip Code
Stillwater	MN	55082

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9038

Amount of Each Disbursement this Period

1386.00

Full Name (Last, First, Middle Initial)

B. Office Depot

Mailing Address 1615 W. County Road C

City	State	Zip Code
Roseville	MN	55113

Purpose of Disbursement
Folders,toner,supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8677

Amount of Each Disbursement this Period

205.37

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Office Depot

Mailing Address 1615 W. County Road C

City	State	Zip Code
Roseville	MN	55113

Purpose of Disbursement
Toner - McGlaufin

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8678

Amount of Each Disbursement this Period

118.72

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1386.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 209 OF 349

<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

Full Name (Last, First, Middle Initial)

A. Office Depot

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Mailing Address 1615 W. County Road C

City	State	Zip Code
Roseville	MN	55113

Transaction ID : SB30B.8679Purpose of Disbursement
Paper, toner, office supplies

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

274.02

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Olsen & Shuvalov

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Mailing Address 1609 Shoal Creek Blvd
203

City	State	Zip Code
Austin	TX	78701

Transaction ID : SB30B.8680Purpose of Disbursement
Party GOTV self-mailer

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

14207.61

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Olsen & Shuvalov

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2006

Mailing Address 1609 Shoal Creek Blvd
203

City	State	Zip Code
Austin	TX	78701

Transaction ID : SB30B.8681Purpose of Disbursement
Party GOTV self-mailers

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

166853.52

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

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

181061.13

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Olson & Shuvalov

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 1609 Shoal Creek
Suite 203

City Austin State TX Zip Code 78701

Purpose of Disbursement
Party GOTV self-mailer

Candidate Name

Category/
Type**Transaction ID : SB30B.9112**

Amount of Each Disbursement this Period

54032.33

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Olson & Shuvalov

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Mailing Address 1609 Shoal Creek
Suite 203

City Austin State TX Zip Code 78701

Purpose of Disbursement
Party GOTV self-mailer

Candidate Name

Category/
Type**Transaction ID : SB30B.9113**

Amount of Each Disbursement this Period

47109.45

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Paul Ostasiewicz

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 1485 E 7th St #304

City St Paul State MN Zip Code 55106

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12104**

Amount of Each Disbursement this Period

3.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

101141.78

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Paul Ostasiewicz

Mailing Address 1485 E 7th St #304

City	State	Zip Code
St Paul	MN	55106

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12114

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Paul Ostasiewicz

Mailing Address 1485 E 7th St #304

City	State	Zip Code
St Paul	MN	55106

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9039

Amount of Each Disbursement this Period

137.71

Full Name (Last, First, Middle Initial)

C. Paul Ostasiewicz

Mailing Address 1485 E 7th St #304

City	State	Zip Code
St Paul	MN	55106

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8570

Amount of Each Disbursement this Period

101.68

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

239.39

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Mark Ostendorf

Mailing Address 667 Holly Ave

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12008

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Mark Ostendorf

Mailing Address 667 Holly Ave

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12049

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Mark Ostendorf

Mailing Address 667 Holly Ave

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12061

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 213 OF 349

<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

Full Name (Last, First, Middle Initial)

A. Mark Ostendorf

Mailing Address 667 Holly Ave

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9040

Amount of Each Disbursement this Period

257.18

Full Name (Last, First, Middle Initial)

B. Mark Ostendorf

Mailing Address 667 Holly Ave

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8571

Amount of Each Disbursement this Period

371.47

Full Name (Last, First, Middle Initial)

C. Mark Ostendorf

Mailing Address 667 Holly Ave

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8572

Amount of Each Disbursement this Period

503.33

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

1131.98

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Dana Payne

Mailing Address 8601 Edenbrook Crossing

City Minneapolis State MN Zip Code 55402

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 10 27 2006

Transaction ID : SB30B.9041

Amount of Each Disbursement this Period

1158.92

Full Name (Last, First, Middle Initial)

B. Dana Payne

Mailing Address 8601 Edenbrook Crossing

City Minneapolis State MN Zip Code 55402

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 11 10 2006

Transaction ID : SB30B.8573

Amount of Each Disbursement this Period

1633.71

Full Name (Last, First, Middle Initial)

C. Dana Payne

Mailing Address 8601 Edenbrook Crossing

City Minneapolis State MN Zip Code 55402

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 11 24 2006

Transaction ID : SB30B.8574

Amount of Each Disbursement this Period

258.84

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

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

3051.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Pizza Hut

Mailing Address 1700 Wooddale Drive

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Pizza for volunteers Harper

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8683

Amount of Each Disbursement this Period

213.77

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Lori-Anne PizzellaMailing Address 680 Stewart Ave
LP

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12029

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Lori-Anne PizzellaMailing Address 680 Stewart Ave
LP

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12038

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Lori-Anne Pizzella

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 680 Stewart Ave
LP

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12042**

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Lori-Anne Pizzella

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 680 Stewart Ave
LP

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12050**

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Lori-Anne Pizzella

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 680 Stewart Ave
LP

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12070**

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

0.00

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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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Lori-Anne Pizzella

Mailing Address 680 Stewart Ave
LP

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 / 27 / 2006

Transaction ID : SB30B.9042

Amount of Each Disbursement this Period

570.92

Full Name (Last, First, Middle Initial)

B. Lori-Anne Pizzella

Mailing Address 680 Stewart Ave
LP

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 / 27 / 2006

Transaction ID : SB30B.9043

Amount of Each Disbursement this Period

229.25

Full Name (Last, First, Middle Initial)

C. Lori-Anne Pizzella

Mailing Address 680 Stewart Ave
LP

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 / 10 / 2006

Transaction ID : SB30B.8575

Amount of Each Disbursement this Period

287.65

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

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

1087.82

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 218 OF 349

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Lori-Anne Pizzella

Mailing Address 680 Stewart Ave
LP

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 10 / 2006

Transaction ID : SB30B.8576

Amount of Each Disbursement this Period

229.25

Full Name (Last, First, Middle Initial)

B. Lori-Anne Pizzella

Mailing Address 680 Stewart Ave
LP

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 24 / 2006

Transaction ID : SB30B.8577

Amount of Each Disbursement this Period

337.56

Full Name (Last, First, Middle Initial)

C. Tamara Plotts

Mailing Address 6625 Buckley Circle

City Inner Grove Height State MN Zip Code 55076

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 26 / 2006

Transaction ID : SB30B.12007

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

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

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

566.81

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Tamara Plotts

Mailing Address 6625 Buckley Circle

City	State	Zip Code
Inner Grove Height	MN	55076

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12014

Amount of Each Disbursement this Period

12.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Larissa Presho

Mailing Address 2608 Plymouth Ave N

City	State	Zip Code
Minneapolis	MN	55411

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9044

Amount of Each Disbursement this Period

959.36

Full Name (Last, First, Middle Initial)

C. Larissa Presho

Mailing Address 2608 Plymouth Ave N

City	State	Zip Code
Minneapolis	MN	55411

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8578

Amount of Each Disbursement this Period

959.36

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

1918.72

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Larissa Presho

Mailing Address 2608 Plymouth Ave N

City State Zip Code
 Minneapolis MN 55411

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 / 24 / 2006

Transaction ID : SB30B.8579

Amount of Each Disbursement this Period

152.82

Full Name (Last, First, Middle Initial)

B. Principal Life Insurance Company

Mailing Address 11100 Wayzata Blvd. # 211

City State Zip Code
 Minnetonka MN 55305

Purpose of Disbursement
 Insurance expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 / 01 / 2006

Transaction ID : SB30B.8580

Amount of Each Disbursement this Period

772.76

Full Name (Last, First, Middle Initial)

C. William Pulkrabek

Mailing Address 8220 9th Street N

City State Zip Code
 Oakdale MN 55128

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 / 31 / 2006

Transaction ID : SB30B.9045

Amount of Each Disbursement this Period

814.75

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

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

1740.33

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. William Pulkrabek

Mailing Address 8220 9th Street N

City	State	Zip Code
Oakdale	MN	55128

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8581

Amount of Each Disbursement this Period

814.75

Full Name (Last, First, Middle Initial)

B. Qwest Communications

Mailing Address PO Box 1301

City	State	Zip Code
Denver	CO	80271

Purpose of Disbursement
Telephone expense

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2006

Transaction ID : SB30B.9115

Amount of Each Disbursement this Period

128.08

Full Name (Last, First, Middle Initial)

C. Qwest Communications

Mailing Address PO Box 1301

City	State	Zip Code
Denver	CO	80271

Purpose of Disbursement
Telephone expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9116

Amount of Each Disbursement this Period

212.48

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

1155.31

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Qwest Communications

Mailing Address PO Box 1301

City	State	Zip Code
Denver	CO	80271

Purpose of Disbursement
Internet expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8684

Amount of Each Disbursement this Period

64.06

Full Name (Last, First, Middle Initial)

B. Tim Rahn

Mailing Address 4 Elkjer Circle

City	State	Zip Code
Sioux Falls	SD	57103

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9046

Amount of Each Disbursement this Period

683.99

Full Name (Last, First, Middle Initial)

C. Tim Rahn

Mailing Address 4 Elkjer Circle

City	State	Zip Code
Sioux Falls	SD	57103

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8582

Amount of Each Disbursement this Period

683.99

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

1432.04

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Chad Raschke

Mailing Address 2514 Woodlynn Ave

City	State	Zip Code
Maplewood	MN	55109

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9047

Amount of Each Disbursement this Period

407.03

Full Name (Last, First, Middle Initial)

B. Chad Raschke

Mailing Address 2514 Woodlynn Ave

City	State	Zip Code
Maplewood	MN	55109

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9048

Amount of Each Disbursement this Period

247.53

Full Name (Last, First, Middle Initial)

C. Chad Raschke

Mailing Address 2514 Woodlynn Ave

City	State	Zip Code
Maplewood	MN	55109

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8583

Amount of Each Disbursement this Period

355.88

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

1010.44

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Chad Raschke

Mailing Address 2514 Woodlynn Ave

City	State	Zip Code
Maplewood	MN	55109

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8584

Amount of Each Disbursement this Period

247.53

Full Name (Last, First, Middle Initial)

B. Chad Raschke

Mailing Address 2514 Woodlynn Ave

City	State	Zip Code
Maplewood	MN	55109

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8585

Amount of Each Disbursement this Period

656.69

Full Name (Last, First, Middle Initial)

C. Vickie Rasmussen

Mailing Address 1870 Old Hudson Road

City	State	Zip Code
St. Paul	MN	55119

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12112

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

904.22

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Vickie Rasmussen

Mailing Address 1870 Old Hudson Road

City	State	Zip Code
St. Paul	MN	55119

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9049

Amount of Each Disbursement this Period

194.98

Full Name (Last, First, Middle Initial)

B. Vickie Rasmussen

Mailing Address 1870 Old Hudson Road

City	State	Zip Code
St. Paul	MN	55119

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8586

Amount of Each Disbursement this Period

381.46

Full Name (Last, First, Middle Initial)

C. Vickie Rasmussen

Mailing Address 1870 Old Hudson Road

City	State	Zip Code
St. Paul	MN	55119

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8587

Amount of Each Disbursement this Period

382.15

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

958.59

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Emily Regan

Mailing Address 2115 Summit Ave

City	State	Zip Code
St. Paul	MN	55105

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9117

Amount of Each Disbursement this Period

611.99

Full Name (Last, First, Middle Initial)

B. Emily Regan

Mailing Address 2115 Summit Ave

City	State	Zip Code
St. Paul	MN	55105

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8685

Amount of Each Disbursement this Period

611.99

Full Name (Last, First, Middle Initial)

C. Lisa Reiter

Mailing Address 1162 Hwy 95 NW

City	State	Zip Code
Cambridge	MN	55008

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9050

Amount of Each Disbursement this Period

763.52

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

1987.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Lisa Reiter

Mailing Address 1162 Hwy 95 NW

City	State	Zip Code
Cambridge	MN	55008

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8588

Amount of Each Disbursement this Period

763.52

Full Name (Last, First, Middle Initial)

B. Rental & Balloons

Mailing Address 1601 3rd. Ave SE

City	State	Zip Code
Rochester	MN	55904

Purpose of Disbursement
Balloons for Rally

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2006

Transaction ID : SB30B.8687

Amount of Each Disbursement this Period

856.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. REPUBLICAN PARTY OF MINNESOTAMailing Address 525 PARK STREET
SUITE 250

City	State	Zip Code
ST. PAUL	MN	55103

Purpose of Disbursement
Salary Incentive: See Memos

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.10595

Amount of Each Disbursement this Period

500.00

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

1263.52

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Jeffrey Richter

Mailing Address 825 Kansas Ave

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12003

Amount of Each Disbursement this Period

276.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Jeffrey Richter

Mailing Address 825 Kansas Ave

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12096

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Jeffrey Richter

Mailing Address 825 Kansas Ave

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9051

Amount of Each Disbursement this Period

276.96

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

276.96

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Jeffrey Richter

Mailing Address 825 Kansas Ave

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8589

Amount of Each Disbursement this Period

320.11

Full Name (Last, First, Middle Initial)

B. Jeffrey Richter

Mailing Address 825 Kansas Ave

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8590

Amount of Each Disbursement this Period

382.63

Full Name (Last, First, Middle Initial)

C. Brandi Robinson

Mailing Address 1729 8th Ave N

City	State	Zip Code
Minneapolis	MN	55411

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12012

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

702.74

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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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Brandi Robinson

Mailing Address 1729 8th Ave N

City Minneapolis State MN Zip Code 55411

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 26 / 2006

Transaction ID : SB30B.12015

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Brandi Robinson

Mailing Address 1729 8th Ave N

City Minneapolis State MN Zip Code 55411

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 26 / 2006

Transaction ID : SB30B.12030

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Brandi Robinson

Mailing Address 1729 8th Ave N

City Minneapolis State MN Zip Code 55411

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 26 / 2006

Transaction ID : SB30B.12034

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

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

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

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Brandi Robinson

Mailing Address 1729 8th Ave N

City	State	Zip Code
Minneapolis	MN	55411

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9052

Amount of Each Disbursement this Period

351.60

Full Name (Last, First, Middle Initial)

B. Brandi Robinson

Mailing Address 1729 8th Ave N

City	State	Zip Code
Minneapolis	MN	55411

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8591

Amount of Each Disbursement this Period

119.35

Full Name (Last, First, Middle Initial)

C. Brandi Robinson

Mailing Address 1729 8th Ave N

City	State	Zip Code
Minneapolis	MN	55411

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8592

Amount of Each Disbursement this Period

198.73

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

669.68

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Ronnaly's Pizza

Mailing Address 1560 Woodland Drive

City Woodbury State MN Zip Code 55125

Purpose of Disbursement
Pizza for volunteers

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 01 / 2006**Transaction ID : SB30B.8689**

Amount of Each Disbursement this Period

154.23

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Greg Rueff

Mailing Address 3312 Lawrence Rd

City Minneapolis State MN Zip Code 55417

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 31 / 2006**Transaction ID : SB30B.9053**

Amount of Each Disbursement this Period

1542.49

Full Name (Last, First, Middle Initial)

C. Greg Rueff

Mailing Address 3312 Lawrence Rd

City Minneapolis State MN Zip Code 55417

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 15 / 2006**Transaction ID : SB30B.8593**

Amount of Each Disbursement this Period

1542.49

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

3084.98

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. David Rupprecht

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Mailing Address 1550 Edgerton St
Apt 303

City St Paul State MN Zip Code 55105

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.9054**

Amount of Each Disbursement this Period

58.72

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. David Rupprecht

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Mailing Address 1550 Edgerton St
Apt 303

City St Paul State MN Zip Code 55105

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8594**

Amount of Each Disbursement this Period

80.37

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. David Rupprecht

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Mailing Address 1550 Edgerton St
Apt 303

City St Paul State MN Zip Code 55105

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8595**

Amount of Each Disbursement this Period

91.89

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

230.98

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Nicole Russell

Mailing Address 320 W. 6th Street

City Hastings	State MN	Zip Code 55033
------------------	-------------	-------------------

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9055

Amount of Each Disbursement this Period

994.74

Full Name (Last, First, Middle Initial)

B. Nicole Russell

Mailing Address 320 W. 6th Street

City Hastings	State MN	Zip Code 55033
------------------	-------------	-------------------

Purpose of Disbursement
Mileage, meals, lodging, supplies

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8690

Amount of Each Disbursement this Period

1041.66

Full Name (Last, First, Middle Initial)

C. Nicole Russell

Mailing Address 320 W. 6th Street

City Hastings	State MN	Zip Code 55033
------------------	-------------	-------------------

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8596

Amount of Each Disbursement this Period

994.74

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

3031.14

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB30B

Transaction ID : SB30B.8690

Mileage 145.84, dominos pizza 247.81, target 198.19, verizon 175.80, and office depot 274.02 are support for Nicole Russell expense of 11/14

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Donna Sawyer

Mailing Address 2150 Wilson Ave #163

City	State	Zip Code
St Paul	MN	55119

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9056

Amount of Each Disbursement this Period

296.91

Full Name (Last, First, Middle Initial)

B. Donna Sawyer

Mailing Address 2150 Wilson Ave #163

City	State	Zip Code
St Paul	MN	55119

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8597

Amount of Each Disbursement this Period

409.75

Full Name (Last, First, Middle Initial)

C. Donna Sawyer

Mailing Address 2150 Wilson Ave #163

City	State	Zip Code
St Paul	MN	55119

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8598

Amount of Each Disbursement this Period

260.67

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

967.33

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Dennis ScottMailing Address 680 Stewart Ave
sco

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2006

Transaction ID : SB30B.12013

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Dennis ScottMailing Address 680 Stewart Ave
sco

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12006

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Dennis ScottMailing Address 680 Stewart Ave
sco

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12033

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Dennis ScottMailing Address 680 Stewart Ave
sco

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12037

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Dennis ScottMailing Address 680 Stewart Ave
sco

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9057

Amount of Each Disbursement this Period

391.95

Full Name (Last, First, Middle Initial)

C. Dennis ScottMailing Address 680 Stewart Ave
sco

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8599

Amount of Each Disbursement this Period

343.28

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

735.23

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Dennis ScottMailing Address 680 Stewart Ave
sco

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8600

Amount of Each Disbursement this Period

236.07

Full Name (Last, First, Middle Initial)

B. Scott Howell & CompanyMailing Address 208 N. Market Street
Suite 225

City Dallas State TX Zip Code 75202

Purpose of Disbursement
Non-allocable volunteer driven mailer

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2006

Transaction ID : SB30B.8692

Amount of Each Disbursement this Period

41210.00

Full Name (Last, First, Middle Initial)

C. Heidi Seelke

Mailing Address 761 Como Avenue

City St. Paul State MN Zip Code 55103

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9058

Amount of Each Disbursement this Period

395.99

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

41842.06

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Heidi Seelke

Mailing Address 761 Como Avenue

City	State	Zip Code
St. Paul	MN	55103

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8601

Amount of Each Disbursement this Period

395.99

Full Name (Last, First, Middle Initial)

B. William Short

Mailing Address 1478 Arden View Drive

City	State	Zip Code
Arden Hills	MN	55112

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9059

Amount of Each Disbursement this Period

737.01

Full Name (Last, First, Middle Initial)

C. William Short

Mailing Address 1478 Arden View Drive

City	State	Zip Code
Arden Hills	MN	55112

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8602

Amount of Each Disbursement this Period

737.01

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

1870.01

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 241 OF 349

<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

Full Name (Last, First, Middle Initial)

A. Jeff Sieck

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 120 Ruth Street
Suite 1

City St. Paul State MN Zip Code 55119

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12004**

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Jeff Sieck

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 120 Ruth Street
Suite 1

City St. Paul State MN Zip Code 55119

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12010**

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Jeff Sieck

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 120 Ruth Street
Suite 1

City St. Paul State MN Zip Code 55119

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12022**

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Jeff Sieck

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 120 Ruth Street
Suite 1

City St. Paul State MN Zip Code 55119

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12028**

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Jeff Sieck

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 120 Ruth Street
Suite 1

City St. Paul State MN Zip Code 55119

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12039**

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Jeff Sieck

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Mailing Address 120 Ruth Street
Suite 1

City St. Paul State MN Zip Code 55119

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.12043**

Amount of Each Disbursement this Period

2.00

[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)..... ►

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Jeff Sieck

Mailing Address 120 Ruth Street
Suite 1

City St. Paul State MN Zip Code 55119

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 10 26 2006

Transaction ID : SB30B.12107

Amount of Each Disbursement this Period

6.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Jeff Sieck

Mailing Address 120 Ruth Street
Suite 1

City St. Paul State MN Zip Code 55119

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 10 26 2006

Transaction ID : SB30B.12116

Amount of Each Disbursement this Period

4.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Jeff Sieck

Mailing Address 120 Ruth Street
Suite 1

City St. Paul State MN Zip Code 55119

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 10 27 2006

Transaction ID : SB30B.9060

Amount of Each Disbursement this Period

509.17

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

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

509.17

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Jeff Sieck

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Mailing Address 120 Ruth Street
Suite 1

City St. Paul State MN Zip Code 55119

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8603**

Amount of Each Disbursement this Period

432.20

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

Full Name (Last, First, Middle Initial)

B. Jeff Sieck

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Mailing Address 120 Ruth Street
Suite 1

City St. Paul State MN Zip Code 55119

Purpose of Disbursement
Salary

Candidate Name

Category/
Type**Transaction ID : SB30B.8604**

Amount of Each Disbursement this Period

361.08

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

Full Name (Last, First, Middle Initial)

C. Simple to Grand

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2006

Mailing Address 3777 Park Center Blvd.

City St. Louis Park State MN Zip Code 55416

Purpose of Disbursement
Food for volunteers

Candidate Name

Category/
Type**Transaction ID : SB30B.8694**

Amount of Each Disbursement this Period

5024.51

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5817.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. James Sims

Mailing Address 283 Superior

City	State	Zip Code
Saint Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12095

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. James Sims

Mailing Address 283 Superior

City	State	Zip Code
Saint Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12106

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. James Sims

Mailing Address 283 Superior

City	State	Zip Code
Saint Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9061

Amount of Each Disbursement this Period

391.61

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

391.61

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. James Sims

Mailing Address 283 Superior

City	State	Zip Code
Saint Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8605

Amount of Each Disbursement this Period

394.37

Full Name (Last, First, Middle Initial)

B. James Sims

Mailing Address 283 Superior

City	State	Zip Code
Saint Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8606

Amount of Each Disbursement this Period

378.64

Full Name (Last, First, Middle Initial)

C. Joseph Slattery

Mailing Address 223 Bates St #707

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12021

Amount of Each Disbursement this Period

4.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

773.01

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<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

Full Name (Last, First, Middle Initial)

A. Joseph Slattery

Mailing Address 223 Bates St #707

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12026

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Joseph Slattery

Mailing Address 223 Bates St #707

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9062

Amount of Each Disbursement this Period

455.62

Full Name (Last, First, Middle Initial)

C. Joseph Slattery

Mailing Address 223 Bates St #707

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8607

Amount of Each Disbursement this Period

447.80

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

903.42

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<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

Full Name (Last, First, Middle Initial)

A. Joseph Slattery

Mailing Address 223 Bates St #707

City	State	Zip Code
St Paul	MN	55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8608

Amount of Each Disbursement this Period

289.32

Full Name (Last, First, Middle Initial)

B. William Slattery

Mailing Address 2115 Summit Ave.

City	State	Zip Code
St. Paul	MN	55105

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9063

Amount of Each Disbursement this Period

130.66

Full Name (Last, First, Middle Initial)

C. William Slattery

Mailing Address 2115 Summit Ave.

City	State	Zip Code
St. Paul	MN	55105

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8609

Amount of Each Disbursement this Period

130.66

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

550.64

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Anthony Stroup

Mailing Address 1729 8th Ave N

City	State	Zip Code
Minneapolis	MN	55411

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12072

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Anthony Stroup

Mailing Address 1729 8th Ave N

City	State	Zip Code
Minneapolis	MN	55411

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9064

Amount of Each Disbursement this Period

152.41

Full Name (Last, First, Middle Initial)

C. Anthony Stroup

Mailing Address 1729 8th Ave N

City	State	Zip Code
Minneapolis	MN	55411

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9065

Amount of Each Disbursement this Period

211.52

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

363.93

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Anthony Stroup

Mailing Address 1729 8th Ave N

City	State	Zip Code
Minneapolis	MN	55411

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8611

Amount of Each Disbursement this Period

50.49

Full Name (Last, First, Middle Initial)

B. Anthony Stroup

Mailing Address 1729 8th Ave N

City	State	Zip Code
Minneapolis	MN	55411

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8612

Amount of Each Disbursement this Period

211.52

Full Name (Last, First, Middle Initial)

C. Anthony Stroup

Mailing Address 1729 8th Ave N

City	State	Zip Code
Minneapolis	MN	55411

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8613

Amount of Each Disbursement this Period

259.26

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

521.27

--

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. John Suder

Mailing Address 680 Stewart Ave
JS

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 27 / 2006

Transaction ID : SB30B.9066

Amount of Each Disbursement this Period

929.46

Full Name (Last, First, Middle Initial)

B. John Suder

Mailing Address 680 Stewart Ave
JS

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 10 / 2006

Transaction ID : SB30B.8614

Amount of Each Disbursement this Period

927.21

Full Name (Last, First, Middle Initial)

C. John Suder

Mailing Address 680 Stewart Ave
JS

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 24 / 2006

Transaction ID : SB30B.8615

Amount of Each Disbursement this Period

923.79

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

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

2780.46

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Tyler Sunderman

Mailing Address RR 3, Box 34

City State Zip Code
 LeSueur MN 56058

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 31 2006

Transaction ID : SB30B.9067

Amount of Each Disbursement this Period

638.51

Full Name (Last, First, Middle Initial)

B. Tyler Sunderman

Mailing Address RR 3, Box 34

City State Zip Code
 LeSueur MN 56058

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 15 2006

Transaction ID : SB30B.8616

Amount of Each Disbursement this Period

638.51

Full Name (Last, First, Middle Initial)

C. Super America

Mailing Address 689 Grand Avenue

City State Zip Code
 St. Paul MN 55105

Purpose of Disbursement
 Fuel for Volunteers

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 03 2006

Transaction ID : SB30B.8696

Amount of Each Disbursement this Period

3600.00

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

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

4877.02

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. Target

Mailing Address 2555 W 79 St

City	State	Zip Code
Bloomington	MN	55137

Purpose of Disbursement
Furniture for satelite office

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.8697

Amount of Each Disbursement this Period

326.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Target

Mailing Address 2555 W 79 St

City	State	Zip Code
Bloomington	MN	55137

Purpose of Disbursement
Shelves & folders - wilcox

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Transaction ID : SB30B.8698

Amount of Each Disbursement this Period

118.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Target

Mailing Address 2555 W 79 St

City	State	Zip Code
Bloomington	MN	55137

Purpose of Disbursement
Food for volunteers - Russell

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2006

Transaction ID : SB30B.8699

Amount of Each Disbursement this Period

198.19

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Targeted Creative Communication

Mailing Address 1000 Duke Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Non-allocable volunteer driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9123

Amount of Each Disbursement this Period

55949.31

Full Name (Last, First, Middle Initial)

B. Targeted Creative Communication

Mailing Address 1000 Duke Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Non-allocable volunteer driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9124

Amount of Each Disbursement this Period

31614.61

Full Name (Last, First, Middle Initial)

C. Targeted Creative Communication

Mailing Address 1000 Duke Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Non-allocable volunteer driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2006

Transaction ID : SB30B.9125

Amount of Each Disbursement this Period

12103.74

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

99667.66

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Targeted Creative Communication

Mailing Address 1000 Duke Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Non-allocable volunteer driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Transaction ID : SB30B.8706

Amount of Each Disbursement this Period

16424.69

Full Name (Last, First, Middle Initial)

B. Targeted Creative Communication

Mailing Address 1000 Duke Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Non-allocable volunteer driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2006

Transaction ID : SB30B.8700

Amount of Each Disbursement this Period

10200.00

Full Name (Last, First, Middle Initial)

C. Targeted Creative Communication

Mailing Address 1000 Duke Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Non-allocable volunteer driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2006

Transaction ID : SB30B.8701

Amount of Each Disbursement this Period

17142.60

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

43767.29

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Marina Taubenberger

Mailing Address 7 Bent Tree Ct

City North Oaks State MN Zip Code 55127

Purpose of Disbursement
Lodging,t-shirts,rally

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 07 / 2006

Transaction ID : SB30B.8702

Amount of Each Disbursement this Period

7482.63

Full Name (Last, First, Middle Initial)

B. Marina Taubenberger

Mailing Address 7 Bent Tree Ct

City North Oaks State MN Zip Code 55127

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 22 / 2006

Transaction ID : SB30B.8617

Amount of Each Disbursement this Period

4659.00

Full Name (Last, First, Middle Initial)

C. Dwight Tostenson

Mailing Address 5137 William Ave

City Edina State MN Zip Code 55436

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2006

Transaction ID : SB30B.9068

Amount of Each Disbursement this Period

1762.43

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

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

13904.06

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB30B
Transaction ID : SB30B.8702

UberPrints 3705, Insty Prints 69.51, Rental & Baloons 856, Flowers by Jerry 535, Best Western Kelly Inn 2317.12 are support for Marina Taubenbergers expense of 11/7

Form/Schedule:
Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Dwight Tostenson

Mailing Address 5137 William Ave

City	State	Zip Code
Edina	MN	55436

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8618

Amount of Each Disbursement this Period

1762.43

Full Name (Last, First, Middle Initial)

B. UberPrintsMailing Address 1021 Industrial Blvd
Suite D

City	State	Zip Code
Watkinsville	GA	30677

Purpose of Disbursement
T-shirts for volunteer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2006

Transaction ID : SB30B.8704

Amount of Each Disbursement this Period

3705.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Postage volunteer driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2006

Transaction ID : SB30B.9127

Amount of Each Disbursement this Period

13984.20

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

15746.63

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Postage volunteer driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2006

Transaction ID : SB30B.9128

Amount of Each Disbursement this Period

4456.99

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Postage vol driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.9129

Amount of Each Disbursement this Period

3968.85

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Postage volunteer driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9130

Amount of Each Disbursement this Period

10309.99

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

18735.83

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Postage vol driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9131

Amount of Each Disbursement this Period

21420.29

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Non-allocable volunteer driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9132

Amount of Each Disbursement this Period

1080.56

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Non-allocable volunteer driven mailer

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2006

Transaction ID : SB30B.10147

Amount of Each Disbursement this Period

28573.21

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

51074.06

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Non-allocable volunteer driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2006

Transaction ID : SB30B.9133

Amount of Each Disbursement this Period

23192.11

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Non-allocable volunteer driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9134

Amount of Each Disbursement this Period

14359.64

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address 401 E Kellogg

City	State	Zip Code
St Paul	MN	55101

Purpose of Disbursement
Non-allocable volunteer driven mailer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Transaction ID : SB30B.8705

Amount of Each Disbursement this Period

13882.86

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

51434.61

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 262 OF 349

<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

Full Name (Last, First, Middle Initial)

A. US Postmaster

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Mailing Address 401 E Kellogg

Transaction ID : SB30B.8707

City	State	Zip Code
St Paul	MN	55101

Amount of Each Disbursement this Period

Purpose of Disbursement
Non-allocable volunteer driven mailerCategory/
Type

13663.93

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Mailing Address P.O. Box 790422

Transaction ID : SB30B.8708

Amount of Each Disbursement this Period

City	State	Zip Code
St. Louis	MO	63179

Purpose of Disbursement
Telephone expenseCategory/
Type

74.57

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Mailing Address P.O. Box 790422

Transaction ID : SB30B.8709

Amount of Each Disbursement this Period

City	State	Zip Code
St. Louis	MO	63179

Purpose of Disbursement
Cell phones - WilcoxCategory/
Type

428.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2006
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

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

13663.93

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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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address P.O. Box 790422

City State Zip Code
 St. Louis MO 63179

Purpose of Disbursement
 Activate cell phone - McGlaufin

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 14 / 2006

Transaction ID : SB30B.8710

Amount of Each Disbursement this Period

395.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address P.O. Box 790422

City State Zip Code
 St. Louis MO 63179

Purpose of Disbursement
 Telephone - Russell

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 14 / 2006

Transaction ID : SB30B.8711

Amount of Each Disbursement this Period

175.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address P.O. Box 790422

City State Zip Code
 St. Louis MO 63179

Purpose of Disbursement
 Phone expense BAuer

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 14 / 2006

Transaction ID : SB30B.8712

Amount of Each Disbursement this Period

738.50

[MEMO ITEM]

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

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

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address P.O. Box 790422

City	State	Zip Code
St. Louis	MO	63179

Purpose of Disbursement
Telephone support Wilcox

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2006

Transaction ID : SB30B.9245

Amount of Each Disbursement this Period

406.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address P.O. Box 790422

City	State	Zip Code
St. Louis	MO	63179

Purpose of Disbursement
Telephone Bauer

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2006

Transaction ID : SB30B.9246

Amount of Each Disbursement this Period

135.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Vicksburg Partnership LLP

Mailing Address 4999 France Ave. S

City	State	Zip Code
Minneapolis	MN	55410

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	2006
	<input checked="" type="checkbox"/> Primary
	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9140

Amount of Each Disbursement this Period

600.00

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

600.00

--

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)

A. Lashay Waters

Mailing Address 3905 Granada Way N

City State Zip Code
Oakdale MN 55128

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 10 / 2006

Transaction ID : SB30B.8620

Amount of Each Disbursement this Period

285.32

Full Name (Last, First, Middle Initial)

B. Lashay Waters

Mailing Address 3905 Granada Way N

City State Zip Code
Oakdale MN 55128

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 24 / 2006

Transaction ID : SB30B.8621

Amount of Each Disbursement this Period

311.80

Full Name (Last, First, Middle Initial)

C. Lee Weeks

Mailing Address 680 Stewart Ave
WE

City State Zip Code
St Paul MN 55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 26 / 2006

Transaction ID : SB30B.12055

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

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

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

597.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Lee WeeksMailing Address 680 Stewart Ave
WE

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12058

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Lee WeeksMailing Address 680 Stewart Ave
WE

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12060

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Lee WeeksMailing Address 680 Stewart Ave
WE

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12064

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Lee WeeksMailing Address 680 Stewart Ave
WE

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12069

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Lee WeeksMailing Address 680 Stewart Ave
WE

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12079

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Lee WeeksMailing Address 680 Stewart Ave
WE

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12083

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Lee WeeksMailing Address 680 Stewart Ave
WE

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2006

Transaction ID : SB30B.12088

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Lee WeeksMailing Address 680 Stewart Ave
WE

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9069

Amount of Each Disbursement this Period

694.65

Full Name (Last, First, Middle Initial)

C. Lee WeeksMailing Address 680 Stewart Ave
WE

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2006

Transaction ID : SB30B.8622

Amount of Each Disbursement this Period

230.18

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

924.83

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Skyler Weinand

Mailing Address 1269 Reaney Ave

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2006

Transaction ID : SB30B.9070

Amount of Each Disbursement this Period

114.35

Full Name (Last, First, Middle Initial)

B. Skyler Weinand

Mailing Address 1269 Reaney Ave

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2006

Transaction ID : SB30B.8623

Amount of Each Disbursement this Period

54.91

Full Name (Last, First, Middle Initial)

C. Leslie Wilcox

Mailing Address 1818 Colby Lake Ct

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9141

Amount of Each Disbursement this Period

1065.54

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

1234.80

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Leslie Wilcox

Mailing Address 1818 Colby Lake Ct

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Mileage, telephone, office supplies

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2006

Transaction ID : SB30B.8713

Amount of Each Disbursement this Period

1078.08

Full Name (Last, First, Middle Initial)

B. Leslie Wilcox

Mailing Address 1818 Colby Lake Ct

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8714

Amount of Each Disbursement this Period

1065.54

Full Name (Last, First, Middle Initial)

C. Meredith Wilson

Mailing Address 2115 Summit Ave.

City	State	Zip Code
St. Paul	MN	55105

Purpose of Disbursement
Salary

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2006

Transaction ID : SB30B.9071

Amount of Each Disbursement this Period

138.52

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

2282.14

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

--

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB30B

Transaction ID : SB30B.8713

Mileage 404, Domino's Pizza 127.50, Target 118.50, Verizon 428 are support for Leslie Wilcox expenses of 11/01

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 272 OF 349

<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

Full Name (Last, First, Middle Initial)

A. Meredith Wilson

Mailing Address 2115 Summit Ave.

City	State	Zip Code
St. Paul	MN	55105

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2006

Transaction ID : SB30B.8624

Amount of Each Disbursement this Period

138.52

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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

138.52

1207107.84

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 273 OF 349

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9891

REPUBLICAN PARTY OF MINNESOTA**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Alliance Bank

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 444 Cedar Street

City St. Paul

State MN

ZIP Code 55101

Original Amount of Loan

200000.00

Cumulative Payment To Date

60877.95

Balance Outstanding at Close of This Period

139122.05

TERMS

Date Incurred

MM / DD / YY
02 / 21 / 2006

Date Due

MM / DD / YY
2/22/2009

Interest Rate

5.50 % (apr)

Secured:

☒ Yes ☐ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

139122.05

TOTALS This Period (last page in this line only)..... ►

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 274 OF 349

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10095

REPUBLICAN PARTY OF MINNESOTA**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Alliance Bank

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 444 Cedar Street

City St. Paul

State MN

ZIP Code 55101

Original Amount of Loan

50000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 24 / 2006

Date Due

M M / D D / Y Y Y Y

2/21/2009

Interest Rate

5.50

% (apr)

Secured:

☒ Yes☐ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 275 OF 349

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10162

REPUBLICAN PARTY OF MINNESOTA**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Alliance Bank

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 444 Cedar Street

City St. Paul

State MN

ZIP Code 55101

Original Amount of Loan

50000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 06 / 2006

Date Due

M M / D D / Y Y Y Y

2/21/2009

Interest Rate

5.50

% (apr)

Secured:

☒ Yes☐ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 276 OF 349

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10164

REPUBLICAN PARTY OF MINNESOTA**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Alliance Bank

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 444 Cedar Street

City St. Paul

State MN

ZIP Code 55101

Original Amount of Loan

50000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 08 / 2006

Date Due

M M / D D / Y Y Y Y

2/21/2009

Interest Rate

5.50

% (apr)

Secured:

☒ Yes☐ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

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

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 277 OF 349

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10167

REPUBLICAN PARTY OF MINNESOTA**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Alliance Bank

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 444 Cedar Street

City St. Paul

State MN

ZIP Code 55101

Original Amount of Loan

50000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 10 / 2006

Date Due

M M / D D / Y Y Y Y

2/21/2009

Interest Rate

5.50

% (apr)

Secured:

☒ Yes☐ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

139122.05

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

SCHEDULE C-1 (FEC Form 3X)**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) REPUBLICAN PARTY OF MINNESOTA		Transaction ID : SC/10.10095.SC1		FEC IDENTIFICATION NUMBER C C00001313	
LENDING INSTITUTION (LENDER) Full Name Alliance Bank		Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>		Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: right;">5.50 %</div>	
Mailing Address 444 Cedar Street		Date Incurred or Established MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">10 / 24 / 2006</div>		Date Due MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">2/21/2009</div>	
City State Zip Code St. Paul MN 55101		Back Ref SC/10.10095			
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div> Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>					
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 300px;"> What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>					
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 300px;"> What is the estimated value? <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div> </div> <div> Location of account: Address: City, State, Zip: _____ </div> </div>					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name David Sturrock Signature _____				DATE <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">10 / 14 / 2011</div>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Alliance Bank Signature Alliance Bank				DATE <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">10 / 24 / 2006</div>	
Title Lending Officer					

SCHEDULE C-1 (FEC Form 3X)**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) REPUBLICAN PARTY OF MINNESOTA		Transaction ID : SC/10.10162.SC1		FEC IDENTIFICATION NUMBER C C00001313	
LENDING INSTITUTION (LENDER) Full Name Alliance Bank		Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>		Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: right;">5.50 %</div>	
Mailing Address 444 Cedar Street		Date Incurred or Established MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">11 / 06 / 2006</div>		Date Due MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">2/21/2009</div>	
City State Zip Code St. Paul MN 55101		Date Due MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">2/21/2009</div>			
Back Ref SC/10.10162					
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div> Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>					
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 300px;"> What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>					
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 300px;"> What is the estimated value? <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div> </div> <div> Location of account: Address: City, State, Zip: _____ </div> </div>					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name David Sturrock Signature _____				DATE MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">10 / 14 / 2011</div>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Alliance Bank Signature Alliance Bank				[Electronically Filed] DATE MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">11 / 06 / 2006</div>	
Title Lending Officer					

SCHEDULE C-1 (FEC Form 3X)**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) REPUBLICAN PARTY OF MINNESOTA		Transaction ID : SC/10.10164.SC1		FEC IDENTIFICATION NUMBER C C00001313	
LENDING INSTITUTION (LENDER) Full Name Alliance Bank		Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>		Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: right;">5.50 %</div>	
Mailing Address 444 Cedar Street		Date Incurred or Established MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">11 / 08 / 2006</div>		Date Due MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">2/21/2009</div>	
City State Zip Code St. Paul MN 55101		Back Ref SC/10.10164			
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div> Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>					
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 300px;"> What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>					
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 300px;"> What is the estimated value? <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div> </div> <div> Location of account: Address: City, State, Zip: _____ </div> </div>					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name David Sturrock Signature _____				DATE <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">10 / 14 / 2011</div>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Alliance Bank Signature Alliance Bank				<div style="text-align: center;">[Electronically Filed]</div> DATE <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">11 / 08 / 2006</div>	
Title Lending Officer					

SCHEDULE C-1 (FEC Form 3X)**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) REPUBLICAN PARTY OF MINNESOTA		Transaction ID : SC/10.10167.SC1		FEC IDENTIFICATION NUMBER C C00001313	
LENDING INSTITUTION (LENDER) Full Name Alliance Bank		Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>		Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: right;">5.50 %</div>	
Mailing Address 444 Cedar Street		Date Incurred or Established MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: right;">11 / 10 / 2006</div>		Date Due MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: right;">2/21/2009</div>	
City State Zip Code St. Paul MN 55101		Back Ref SC/10.10167			
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div> Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>					
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 300px;"> What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>					
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 300px;"> What is the estimated value? <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div> </div> <div> Location of account: Address: City, State, Zip: _____ </div> </div>					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name David Sturrock Signature _____				DATE <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">10 / 14 / 2011</div>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Alliance Bank Signature Alliance Bank				DATE <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">11 / 10 / 2006</div>	
Title Lending Officer					

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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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

Best Western Kelly Inn

Nature of Debt (Purpose):
Lodging for Marshalls

Mailing Address 100 4th Ave S

City State

Zip Code

St Cloud

MN

56301

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10399

Amount Incurred This Period

1278.03

Payment This Period

0.00

Outstanding Balance at Close of This Period

1278.03

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Best Western Kelly Inn

Nature of Debt (Purpose):
Facility Rental for Meeting

Mailing Address 100 4th Ave S

City State

Zip Code

St Cloud

MN

56301

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10400

Amount Incurred This Period

2240.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2240.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Capitol Direct

Nature of Debt (Purpose):
Political Advocacy Mail

Mailing Address 1270 Eagan Industrial Rd

City

State

Zip Code

St Paul

MN

55121

Outstanding Balance Beginning This Period

6293.83

Transaction ID : SD10.12334

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6293.83

1) SUBTOTALS This Period This Page (optional)..... ►

9811.86

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

139122.05

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

139122.05

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 283 OF 349

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

Capitol Direct

Nature of Debt (Purpose):

Political Advocacy Mail

Mailing Address 1270 Eagan Industrial Rd

City State

Zip Code

St Paul

MN

55121

Outstanding Balance Beginning This Period

3211.68

Transaction ID : SD10.12336

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3211.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Capitol Direct

Nature of Debt (Purpose):

Party Direct Mail

Mailing Address 1270 Eagan Industrial Rd

City State

Zip Code

St Paul

MN

55121

Outstanding Balance Beginning This Period

961.97

Transaction ID : SD10.12341

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

961.97

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Capitol Direct

Nature of Debt (Purpose):

Party Printing Expense

Mailing Address 1270 Eagan Industrial Rd

City

State

Zip Code

St Paul

MN

55121

Outstanding Balance Beginning This Period

1329.63

Transaction ID : SD10.10396

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1329.63

1) SUBTOTALS This Period This Page (optional)..... ►

5503.28

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

139122.05

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

139122.05

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 284 OF 349

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

Capitol Direct

Nature of Debt (Purpose):

Political Advocacy Mail

Mailing Address 1270 Eagan Industrial Rd

City State

Zip Code

St Paul

MN

55121

Outstanding Balance Beginning This Period

4007.38

Transaction ID : SD10.12343

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4007.38

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Capitol Direct

Nature of Debt (Purpose):

Political Advocacy Mail

Mailing Address 1270 Eagan Industrial Rd

City State

Zip Code

St Paul

MN

55121

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.12346

Amount Incurred This Period

8843.86

Payment This Period

0.00

Outstanding Balance at Close of This Period

8843.86

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Direct Mail Systems

Nature of Debt (Purpose):

Party Mailhouse Expense

Mailing Address 12450 AUtomobile Blvd

City

State

Zip Code

Clearwater

FL

33762

Outstanding Balance Beginning This Period

36543.28

Transaction ID : SD10.12335

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

36543.28

1) SUBTOTALS This Period This Page (optional)..... ►

49394.52

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

139122.05

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

139122.05

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 285 OF 349

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

Direct Mail Systems

Nature of Debt (Purpose):

Party Mailhouse Expense

Mailing Address 12450 AUtomobile Blvd

City State

Zip Code

Clearwater

FL

33762

Outstanding Balance Beginning This Period

49498.75

Transaction ID : SD10.12337

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

49498.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Direct Mail Systems

Nature of Debt (Purpose):

Party Mailhouse Expense

Mailing Address 12450 AUtomobile Blvd

City State

Zip Code

Clearwater

FL

33762

Outstanding Balance Beginning This Period

21045.59

Transaction ID : SD10.12338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21045.59

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Direct Mail Systems

Nature of Debt (Purpose):

Party Mailhouse Expense

Mailing Address 12450 AUtomobile Blvd

City

State

Zip Code

Clearwater

FL

33762

Outstanding Balance Beginning This Period

16206.66

Transaction ID : SD10.12339

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16206.66

1) **SUBTOTALS** This Period This Page (optional)..... ►

86751.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

139122.05

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

139122.05

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 286 OF 349

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

Direct Mail Systems

Nature of Debt (Purpose):
Party Mailhouse Expense

Mailing Address 12450 AUtomobile Blvd

City State

Zip Code

Clearwater

FL

33762

Outstanding Balance Beginning This Period

13359.33

Transaction ID : SD10.10395

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13359.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Direct Mail Systems

Nature of Debt (Purpose):
Party Mailhouse Expense

Mailing Address 12450 AUtomobile Blvd

City State

Zip Code

Clearwater

FL

33762

Outstanding Balance Beginning This Period

15823.60

Transaction ID : SD10.12344

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15823.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Fabrizio McLaughlin

Nature of Debt (Purpose):
Political Survey/Research Services

Mailing Address 915 King Street

Second Floor

City

State

Zip Code

Alexandria

VA

22314

Outstanding Balance Beginning This Period

66400.00

Transaction ID : SD10.12340

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

66400.00

1) SUBTOTALS This Period This Page (optional)..... ►

95582.93

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

139122.05

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

139122.05

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 287 OF 349

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

Fabrizio McLaughlin

Nature of Debt (Purpose):

Political Survey/Research Services

Mailing Address 915 King Street
Second FloorCity State Zip Code
Alexandria VA 22314

Outstanding Balance Beginning This Period

72180.00

Transaction ID : SD10.12342

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

72180.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS

Nature of Debt (Purpose):

Party Telemarketing Fundraising

Mailing Address 7300 Hudson Blvd. Suite 270

City State Zip Code
St. Paul MN 55128

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.12345

Amount Incurred This Period

59587.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

59587.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Holiday Inn Alexandria

Nature of Debt (Purpose):

Lodging

Mailing Address 5637 St Hwy 295

City State Zip Code
Alexandria MN 56308

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10401

Amount Incurred This Period

1846.72

Payment This Period

0.00

Outstanding Balance at Close of This Period

1846.72

1) SUBTOTALS This Period This Page (optional)..... ►

133614.52

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

139122.05

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

139122.05

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 288 OF 349

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

Microtel Inn

Nature of Debt (Purpose):
Lodging for Marshalls

Mailing Address 3000 Denmark Ave

City State

Zip Code

Eagan

MN

55121

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10416

Amount Incurred This Period

1997.45

Payment This Period

0.00

Outstanding Balance at Close of This Period

1997.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Microtel Inn Mankato

Nature of Debt (Purpose):
Lodging for Marshalls

Mailing Address 200 St. Andrews Drive

City State

Zip Code

Mankato

MN

56001

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10414

Amount Incurred This Period

607.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

607.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Resolution Graphics

Nature of Debt (Purpose):
Party Mailhouse Expense

Mailing Address 2816 Anthony Ln S

City

State

Zip Code

Minneapolis

MN

55418

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10398

Amount Incurred This Period

3740.74

Payment This Period

0.00

Outstanding Balance at Close of This Period

3740.74

1) SUBTOTALS This Period This Page (optional)..... ►

6345.44

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

139122.05

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

139122.05

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 289 OF 349

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

Super 8 Motel

Nature of Debt (Purpose):

Facility Rental

Mailing Address 14341 Edgewood Drive N.

City State

Zip Code

Baxter

MN

56425

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10413

Amount Incurred This Period

541.56

Payment This Period

0.00

Outstanding Balance at Close of This Period

541.56

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Targeted Creative Communication

Nature of Debt (Purpose):

Generic Non-Allocable Volunteer Mailer

Mailing Address 1000 Duke Street

City State

Zip Code

Alexandria

VA

22314

Outstanding Balance Beginning This Period

7211.90

Transaction ID : SD10.10323

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7211.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Targeted Creative Communication

Nature of Debt (Purpose):

Generic Non-Allocable Volunteer Mailer

Mailing Address 1000 Duke Street

City

State

Zip Code

Alexandria

VA

22314

Outstanding Balance Beginning This Period

8023.81

Transaction ID : SD10.10324

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8023.81

1) SUBTOTALS This Period This Page (optional)..... ►

15777.27

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

139122.05

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

139122.05

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 290 OF 349

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 Volunteer Mailer

Mailing Address 1000 Duke Street

City State

Zip Code

Alexandria

VA

22314

Outstanding Balance Beginning This Period

9765.19

Transaction ID : SD10.10325

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9765.19

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Pilgram Company

Nature of Debt (Purpose):

IT Database Upkeep

Mailing Address 8040 Groveland Road

City State

Zip Code

Mounds View

MN

55112

Outstanding Balance Beginning This Period

802.50

Transaction ID : SD10.10397

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

802.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Water Street Inn

Nature of Debt (Purpose):

Lodging

Mailing Address 101 South Water Street

City

State

Zip Code

Stillwater

MN

55082

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10417

Amount Incurred This Period

527.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

527.20

1) SUBTOTALS This Period This Page (optional)..... ►

11094.89

2) TOTALS This Period (last page this line number only)..... ►

413875.71

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

139122.05

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

552997.76

SCHEDULE H2 (FEC Form 3X)**ALLOCATION RATIOS**

PAGE 291 OF 349

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.

<p>ACTIVITY OR EVENT IDENTIFIER Fundraising event 2006 (01/01/2006)</p> <p>ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported</p> <p>Transaction ID : H2.10344</p>	<p>FEDERAL %</p> <p>21.00 %</p>	<p>NONFEDERAL %</p> <p>79.00 %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p></p>	<p>NONFEDERAL %</p> <p></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p></p>	<p>NONFEDERAL %</p> <p></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p></p>	<p>NONFEDERAL %</p> <p></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p></p>	<p>NONFEDERAL %</p> <p></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p></p>	<p>NONFEDERAL %</p> <p></p>

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

PAGE 292 OF 349

FOR LINE 18a OF FORM 3X

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 Y Y
 10 / 19 / 2006

TOTAL AMOUNT TRANSFERRED

50000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

50000.00

Transaction ID : H3.10099

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

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

PAGE 293 OF 349

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTANAME OF ACCOUNT
REPUBLICAN PARTY OF MINNESOTA

DATE OF RECEIPT

M M / D D / Y Y Y Y Y
10 / 20 / 2006

TOTAL AMOUNT TRANSFERRED

150000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

150000.00

Transaction ID : H3.10100

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

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

PAGE 294 OF 349

FOR LINE 18a OF FORM 3X

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 Y
 10 / 23 / 2006

TOTAL AMOUNT TRANSFERRED

150000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

150000.00

Transaction ID : H3.10101

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

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**

PAGE 295 OF 349

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTANAME OF ACCOUNT
REPUBLICAN PARTY OF MINNESOTA

DATE OF RECEIPT

M M / D D / Y Y Y Y
10 / 24 / 2006

TOTAL AMOUNT TRANSFERRED

60331.14

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

60331.14

Transaction ID : H3.10102

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

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**

PAGE 296 OF 349

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTANAME OF ACCOUNT
REPUBLICAN PARTY OF MINNESOTA

DATE OF RECEIPT

M M / D D / Y Y Y Y
10 / 26 / 2006

TOTAL AMOUNT TRANSFERRED

175000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

175000.00

Transaction ID : H3.10093

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

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

PAGE 297 OF 349

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTANAME OF ACCOUNT
REPUBLICAN PARTY OF MINNESOTA

DATE OF RECEIPT

M M / D D / Y Y Y Y
10 30 / 2006

TOTAL AMOUNT TRANSFERRED

100000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

100000.00

Transaction ID : H3.10103

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

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

PAGE 298 OF 349

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTANAME OF ACCOUNT
REPUBLICAN PARTY OF MINNESOTA

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y
10 / 31 / 2006

TOTAL AMOUNT TRANSFERRED

200000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

200000.00

Transaction ID : H3.10094

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

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**

PAGE 299 OF 349

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTANAME OF ACCOUNT
REPUBLICAN PARTY OF MINNESOTA

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y
11 / 06 / 2006

TOTAL AMOUNT TRANSFERRED

106423.26

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

106423.26

Transaction ID : H3.10140

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

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

PAGE 300 OF 349

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTANAME OF ACCOUNT
REPUBLICAN PARTY OF MINNESOTA

DATE OF RECEIPT

M M / D D / Y Y Y Y Y
11 / 07 / 2006

TOTAL AMOUNT TRANSFERRED

100000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

100000.00

Transaction ID : H3.10137

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

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

PAGE 301 OF 349

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTANAME OF ACCOUNT
REPUBLICAN PARTY OF MINNESOTA

DATE OF RECEIPT

M M / D D / Y Y Y Y Y
11 / 13 / 2006

TOTAL AMOUNT TRANSFERRED

170.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

170.00

Transaction ID : H3.10141

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

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**

PAGE 302 OF 349

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTANAME OF ACCOUNT
REPUBLICAN PARTY OF MINNESOTA

DATE OF RECEIPT

M M / D D / Y Y Y Y
11 / 14 / 2006

TOTAL AMOUNT TRANSFERRED

100000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

100000.00

Transaction ID : H3.10138

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

1191924.40

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).....

1191924.40

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

PAGE 303 OF 349

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Minnesota State Fair		Transaction ID : H4.9142		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1265 Snelling Ave N				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City St Paul	State MN	Zip Code 55108		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Fees for state fair				Allocated Activity or Event Year-To-Date 957692.27	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 20 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.22			143.77		181.99

B. Full Name (Last, First, Middle Initial) Hans Hassell		Transaction ID : H4.9143		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 155 Little Canada Drive # 103				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Little Canada	State MN	Zip Code 55117		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage				Allocated Activity or Event Year-To-Date 957756.17	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 21 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.42			50.48		63.90

C. Full Name (Last, First, Middle Initial) Comcast Corporation		Transaction ID : H4.9144		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1500 Market Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Philadelphia	State PA	Zip Code 19102		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Cable				Allocated Activity or Event Year-To-Date 957863.65	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 21 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.57			84.91		107.48

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
74.21		279.16		353.37

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Velocity Wireless		Transaction ID : H4.9145		Allocated Activity or Event: <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 828944					
City Philadelphia	State PA	Zip Code 19182			
Purpose of Disbursement: Palm pilot expense				Allocated Activity or Event Year-To-Date 957910.63	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 21 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
9.87			37.11		46.98

B. Full Name (Last, First, Middle Initial) Verizon Wireless		Transaction ID : H4.9146		Allocated Activity or Event: <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					
City St. Louis	State MO	Zip Code 63179			
Purpose of Disbursement: Telephone expense				Allocated Activity or Event Year-To-Date 958755.66	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 21 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
177.46			667.57		845.03

C. Full Name (Last, First, Middle Initial) Norlight		Transaction ID : H4.9147		Allocated Activity or Event: <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 2250 Pilot Knob Road					
City St. Paul	State MN	Zip Code 55120			
Purpose of Disbursement: Telephone expense				Allocated Activity or Event Year-To-Date 959404.52	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 21 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
136.26			512.60		648.86

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
323.59		1217.28		1540.87

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) One Net USA		Transaction ID : H4.9148		Allocated Activity or Event: <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 961982.11	
City Edina	State MN	Zip Code 55435		Date <input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Telephone expense		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="541.29"/>			<input type="text" value="2036.30"/>		<input type="text" value="2577.59"/>

B. Full Name (Last, First, Middle Initial) Neopost		Transaction ID : H4.9193		Allocated Activity or Event: <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 73727				Allocated Activity or Event Year-To-Date 962982.11	
City Chicago	State IL	Zip Code 60673		Date <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Party Postage Expense		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="210.00"/>			<input type="text" value="790.00"/>		<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial) Neopost		Transaction ID : H4.10126		Allocated Activity or Event: <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 73727				Allocated Activity or Event Year-To-Date 964982.11	
City Chicago	State IL	Zip Code 60673		Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Party Postage Expense		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="420.00"/>			<input type="text" value="1580.00"/>		<input type="text" value="2000.00"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1171.29"/>		<input type="text" value="4406.30"/>		<input type="text" value="5577.59"/>

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
<input type="text"/>		<input type="text"/>		<input type="text"/>

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) McDonald's		Transaction ID : H4.9151		Allocated Activity or Event: <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 2357 Lotus Ave. N.					
City Minneapolis	State MN	Zip Code 55437			
Purpose of Disbursement: Party Food				Allocated Activity or Event Year-To-Date 965232.11	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 26 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

B. Full Name (Last, First, Middle Initial) United Parcel Service		Transaction ID : H4.9152		Allocated Activity or Event: <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 505820					
City The Lakes	State NV	Zip Code 88905			
Purpose of Disbursement: Shipping expense				Allocated Activity or Event Year-To-Date 965732.11	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 26 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00			395.00		500.00

C. Full Name (Last, First, Middle Initial) US Postmaster		Transaction ID : H4.9153		Allocated Activity or Event: <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 401 E Kellogg					
City St Paul	State MN	Zip Code 55101			
Purpose of Disbursement: Bulk-rate permit				Allocated Activity or Event Year-To-Date 965892.11	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 26 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.60			126.40		160.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
191.10		718.90		910.00

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) U of M Student Unions & Activities			Transaction ID : H4.9155		Allocated Activity or Event: <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 300 Washington Ave. SE					Allocated Activity or Event Year-To-Date 966092.11	
City Minneapolis	State MN	Zip Code 55455			Date 10 / 26 / 2006	
Purpose of Disbursement: Fee for parade						
Activity or Event Identifier: Administrative			Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
42.00			158.00			200.00

B. Full Name (Last, First, Middle Initial) American Express Services			Transaction ID : H4.10125		Allocated Activity or Event: <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 360001					Allocated Activity or Event Year-To-Date 966360.19	
City Ft. Lauderdale	State FL	Zip Code 33336			Date 10 / 26 / 2006	
Purpose of Disbursement: Merchant Card Fees						
Activity or Event Identifier: Administrative			Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
56.30			211.78			268.08

C. Full Name (Last, First, Middle Initial) Alliance Bank			Transaction ID : H4.10131		Allocated Activity or Event: <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 444 Cedar Street					Allocated Activity or Event Year-To-Date 966365.19	
City St. Paul	State MN	Zip Code 55101			Date 10 / 26 / 2006	
Purpose of Disbursement: Bank Service Fee						
Activity or Event Identifier: Administrative			Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
1.05			3.95			5.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
99.35		373.73		473.08

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Alliance Bank		Transaction ID : H4.10377		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 444 Cedar Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City St. Paul	State MN	Zip Code 55101		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Refund- Bank Fees				Allocated Activity or Event Year-To-Date 966085.19	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 26 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-58.80			-221.20		-280.00

B. Full Name (Last, First, Middle Initial) Mileage		Transaction ID : H4.8715		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 525 Park Street suite 250				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City St. Paul	State MN	Zip Code 55103		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage support for Carey				Allocated Activity or Event Year-To-Date 966085.19	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 27 / 2006	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
155.76			585.94		741.70

C. Full Name (Last, First, Middle Initial) Sprint		Transaction ID : H4.8716		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 152046				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Irving	State TX	Zip Code 75015		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Telephone support Carey				Allocated Activity or Event Year-To-Date 966085.19	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 27 / 2006	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.31			317.18		401.49

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-58.80		-221.20		-280.00

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) The Broadmoor		Transaction ID : H4.8717		Allocated Activity or Event:	
Mailing Address P.O. Box 1439				<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	
City Colorado Sp[rings]	State CO	Zip Code 80901		Allocated Activity or Event Year-To-Date 966085.19	
Purpose of Disbursement: Lodging support Carey				Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>	
Activity or Event Identifier: Administrative		Category/ Type			
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
137.23			516.27		653.50

B. Full Name (Last, First, Middle Initial) Hilton Garden Inn		Transaction ID : H4.8718		Allocated Activity or Event:	
Mailing Address 225 South Broadway				<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	
City Rochester	State MN	Zip Code 55904		Allocated Activity or Event Year-To-Date 966085.19	
Purpose of Disbursement: Lodging support Carey				Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>	
Activity or Event Identifier: Administrative		Category/ Type			
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.68			190.63		241.31

C. Full Name (Last, First, Middle Initial) NWA		Transaction ID : H4.8719		Allocated Activity or Event:	
Mailing Address Highway 494				<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	
City Eagan	State MN	Zip Code 55132		Allocated Activity or Event Year-To-Date 966085.19	
Purpose of Disbursement: Airfares to support Carey				Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>	
Activity or Event Identifier: Administrative		Category/ Type			
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
250.68			943.05		1193.73

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)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Staples		Transaction ID : H4.9156		Allocated Activity or Event: <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 9020					
City Des Moines	State IA	Zip Code 50368			
Purpose of Disbursement: Paper, folders, office supplies				Allocated Activity or Event Year-To-Date 966715.82	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 27 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
132.43			498.20		630.63

B. Full Name (Last, First, Middle Initial) Andrew Larson		Transaction ID : H4.9157		Allocated Activity or Event: <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 9124 Azalea Way					
City Inver Grove Hts	State MN	Zip Code 55077			
Purpose of Disbursement: Mileage				Allocated Activity or Event Year-To-Date 966749.77	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 27 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.13			26.82		33.95

C. Full Name (Last, First, Middle Initial) Nora Jensen		Transaction ID : H4.9159		Allocated Activity or Event: <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 14705 Palm Street					
City Andover	State MN	Zip Code 55304			
Purpose of Disbursement: Tickets for state fair				Allocated Activity or Event Year-To-Date 967019.77	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 27 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.70			213.30		270.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
196.26		738.32		934.58

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Ryan Flynn			Transaction ID : H4.9160			Allocated Activity or Event: <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 12828 ExhallAve. N						Allocated Activity or Event Year-To-Date 967282.72		
City Hugo	State MN	Zip Code 55038				Date 10 / 27 / 2006		
Purpose of Disbursement: Mileage								
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
55.22						207.73		
						=		
						TOTAL AMOUNT		
						262.95		

B. Full Name (Last, First, Middle Initial) Ron Carey			Transaction ID : H4.9161			Allocated Activity or Event: <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 5986 Highview Place						Allocated Activity or Event Year-To-Date 970514.45		
City Shoreview	State MN	Zip Code 55126				Date 10 / 27 / 2006		
Purpose of Disbursement: Mileage, Telephone, Lodging								
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
678.66						2553.07		
						=		
						TOTAL AMOUNT		
						3231.73		

C. Full Name (Last, First, Middle Initial) Sprint			Transaction ID : H4.8720			Allocated Activity or Event: <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 152046						Allocated Activity or Event Year-To-Date 970514.45		
City Irving	State TX	Zip Code 75015				Date 10 / 31 / 2006		
Purpose of Disbursement: Internet support for Cary								
Activity or Event Identifier: Administrative			Category/ Type					
[MEMO ITEM]								
FEDERAL SHARE			+			NONFEDERAL SHARE		
32.35						121.71		
						=		
						TOTAL AMOUNT		
						154.06		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
733.88		2760.80		3494.68

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: H4
Transaction ID : H4.9161

Ron Carey's support for expense of 10/27 is Mileage 741.70,Sprint 401.49, The Broadmoor \$653.50, The Hilton
Gardner in Rochester \$241.31, and NWA 1193.73

Form/Schedule:
Transaction ID:

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

PAGE 313 OF 349

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Element 5, Inc.		Transaction ID : H4.8722		Allocated Activity or Event: <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 9625 West 76th Street Suit 150				Allocated Activity or Event Year-To-Date 970514.45	
City Eden Prairie	State MN	Zip Code 55344		Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Grisoft Limited software					
Activity or Event Identifier: Administrative		Category/ Type			
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
273.20			1027.75		1300.95

B. Full Name (Last, First, Middle Initial) Best Buy # 329		Transaction ID : H4.8723		Allocated Activity or Event: <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 Maple Grove Mall				Allocated Activity or Event Year-To-Date 970514.45	
City Maple Grove	State MN	Zip Code 55369		Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Wireless routers support for Cary					
Activity or Event Identifier: Administrative		Category/ Type			
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
74.18			279.06		353.24

C. Full Name (Last, First, Middle Initial) Sales @practsol.com		Transaction ID : H4.8725		Allocated Activity or Event: <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 Sales @ practsol.com				Allocated Activity or Event Year-To-Date 970514.45	
City Minneapolis	State MN	Zip Code 55137		Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Humidity USB Monitor support Cary					
Activity or Event Identifier: Administrative		Category/ Type			
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
81.22			305.52		386.74

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)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Midwest Wireless Civic Center			Transaction ID : H4.8727			Allocated Activity or Event: <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 One Civic Center Plaza								
City Mankato	State MN	Zip Code 56001				Allocated Activity or Event Year-To-Date 970514.45		
Purpose of Disbursement: Phone to support Tostenson's						Date 10 / 31 / 2006		
Activity or Event Identifier: Administrative [MEMO ITEM]			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
73.50				276.50			350.00	

B. Full Name (Last, First, Middle Initial) James J. Hill			Transaction ID : H4.8729			Allocated Activity or Event: <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 James J. Hill.org								
City St. Paul	State MN	Zip Code 55103				Allocated Activity or Event Year-To-Date 970514.45		
Purpose of Disbursement: Fact book and membership						Date 10 / 31 / 2006		
Activity or Event Identifier: Administrative [MEMO ITEM]			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
86.78				326.44			413.22	

C. Full Name (Last, First, Middle Initial) Mileage			Transaction ID : H4.8730			Allocated Activity or Event: <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 525 Park Street suite 250								
City St. Paul	State MN	Zip Code 55103				Allocated Activity or Event Year-To-Date 970514.45		
Purpose of Disbursement: Mileage and parking for Tostenson						Date 10 / 31 / 2006		
Activity or Event Identifier: Administrative [MEMO ITEM]			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
57.31				215.61			272.92	

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)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Sheraton Hotel		Transaction ID : H4.9168		Allocated Activity or Event: <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 7800 Normandale Blvd.					
City Minneapolis	State MN	Zip Code 55439			
Purpose of Disbursement: Facility Rental & Catering- VP Party				Allocated Activity or Event Year-To-Date 978014.45	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1575.00			5925.00		7500.00

B. Full Name (Last, First, Middle Initial) The Pilgram Company		Transaction ID : H4.9169		Allocated Activity or Event: <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 8040 Groveland Road					
City Mounds View	State MN	Zip Code 55112			
Purpose of Disbursement: Accumail subscription software				Allocated Activity or Event Year-To-Date 980509.45	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
523.95			1971.05		2495.00

C. Full Name (Last, First, Middle Initial) National Business Supply, Inc.		Transaction ID : H4.9171		Allocated Activity or Event: <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 5419 S. Decatur					
City Las Vegas	State NV	Zip Code 89118			
Purpose of Disbursement: Toner				Allocated Activity or Event Year-To-Date 981070.45	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
117.81			443.19		561.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2216.76		8339.24		10556.00

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Nick Erickson		Transaction ID : H4.9172		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 9344 134th Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Savage	State MN	Zip Code 55378		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage				Allocated Activity or Event Year-To-Date 981173.28	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.59			81.24		102.83

B. Full Name (Last, First, Middle Initial) Federal Express		Transaction ID : H4.9173		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 1140				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Memphis	State TN	Zip Code 38101		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Express Shipping				Allocated Activity or Event Year-To-Date 981343.44	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.73			134.43		170.16

C. Full Name (Last, First, Middle Initial) Advantage Paper		Transaction ID : H4.9174		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 310 Congress Street NW				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Maple Lake	State MN	Zip Code 55358		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: General Office Supplies				Allocated Activity or Event Year-To-Date 981438.81	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.03			75.34		95.37

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
77.35		291.01		368.36

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Joel Cary		Transaction ID : H4.9175		Allocated Activity or Event: <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 1290 Loma Linda Ln					
City Mound	State MN	Zip Code 55364			
Purpose of Disbursement: Telephone, internet & supplies				Allocated Activity or Event Year-To-Date 983633.80	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
460.95			1734.04		2194.99

B. Full Name (Last, First, Middle Initial) Trimble and Associates		Transaction ID : H4.9180		Allocated Activity or Event: <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					
City Hopkins	State MN	Zip Code 55305			
Purpose of Disbursement: Legal fees				Allocated Activity or Event Year-To-Date 984871.30	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
259.88			977.62		1237.50

C. Full Name (Last, First, Middle Initial) Windy Shores Sound Inc.		Transaction ID : H4.9181		Allocated Activity or Event: <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 1581 103rd. Ave. NW					
City Coon Rapids	State MN	Zip Code 55433			
Purpose of Disbursement: Sound for video/ Non-Candidate				Allocated Activity or Event Year-To-Date 985371.30	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00			395.00		500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
825.83		3106.66		3932.49

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: H4
Transaction ID : H4.9175

Cary's support for 10/31 - Sprint 154.06, Element 5 \$1,300.95, Best Buy 353.24, and www.practsol.com \$385.74

Form/Schedule:
Transaction ID:

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Neopost		Transaction ID : H4.9182		Allocated Activity or Event: <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 73727					
City Chicago	State IL	Zip Code 60673			
Purpose of Disbursement: Cartridge for postage machine				Allocated Activity or Event Year-To-Date 985779.61	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
85.75			322.56		408.31

B. Full Name (Last, First, Middle Initial) Plat Systems Services		Transaction ID : H4.9183		Allocated Activity or Event: <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 12450 Wayzata Blvd #108					
City Minnetonka	State MN	Zip Code 55305			
Purpose of Disbursement: Property tax list				Allocated Activity or Event Year-To-Date 990779.61	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1050.00			3950.00		5000.00

C. Full Name (Last, First, Middle Initial) Hyatt Regency		Transaction ID : H4.9184		Allocated Activity or Event: <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 1300 Nicolett Mall					
City Minneapolis	State MN	Zip Code 55403			
Purpose of Disbursement: Facility Rental- State Convention				Allocated Activity or Event Year-To-Date 992279.61	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
315.00			1185.00		1500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1450.75		5457.56		6908.31

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Minneapolis Convention Center			Transaction ID : H4.9185			Allocated Activity or Event: <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 1301 2nd Ave S								
City Minneapolis	State MN	Zip Code 55403				Allocated Activity or Event Year-To-Date 994279.61		
Purpose of Disbursement: Facility Rental - State Convention						Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
420.00						=		
			1580.00			TOTAL AMOUNT		
						2000.00		

B. Full Name (Last, First, Middle Initial) Compusource			Transaction ID : H4.9186			Allocated Activity or Event: <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 11684 Ventura Blvd								
City Studio City	State CA	Zip Code 91604				Allocated Activity or Event Year-To-Date 995728.00		
Purpose of Disbursement: Toner						Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
304.16						=		
			1144.23			TOTAL AMOUNT		
						1448.39		

C. Full Name (Last, First, Middle Initial) Dwight Tostenon			Transaction ID : H4.9187			Allocated Activity or Event: <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 5137 William Ave								
City Edina	State MN	Zip Code 55436				Allocated Activity or Event Year-To-Date 999551.32		
Purpose of Disbursement: Telephone & mileage						Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
802.90						=		
			3020.42			TOTAL AMOUNT		
						3823.32		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1527.06		5744.65		7271.71

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: H4

Transaction ID : H4.9187

Hilton 2787.18, Midwest Wireless \$350, James J. Hill 413.22, and Mileage 272.92 support for Dwight Tostenson's expense report of 10/31

Form/Schedule:

Transaction ID:

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Hoffman Communications		Transaction ID : H4.9191		Allocated Activity or Event: <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 2900 Washington Ave N					
City Minneapolis	State MN	Zip Code 55103			
Purpose of Disbursement: AV System for Convention / Non-Candidate				Allocated Activity or Event Year-To-Date 1004551.32	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1050.00			3950.00		5000.00

B. Full Name (Last, First, Middle Initial) Alliance Bank		Transaction ID : H4.9192		Allocated Activity or Event: <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 444 Cedar Street					
City St. Paul	State MN	Zip Code 55101			
Purpose of Disbursement: Bank Service Fee				Allocated Activity or Event Year-To-Date 1004857.32	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
64.26			241.74		306.00

C. Full Name (Last, First, Middle Initial) Neopost		Transaction ID : H4.10128		Allocated Activity or Event: <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 73727					
City Chicago	State IL	Zip Code 60673			
Purpose of Disbursement: Party Postage Expense				Allocated Activity or Event Year-To-Date 1005857.32	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00			790.00		1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1324.26		4981.74		6306.00

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Alliance Bank		Transaction ID : H4.10135		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 444 Cedar Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City St. Paul	State MN	Zip Code 55101		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Bank Service Fee				Allocated Activity or Event Year-To-Date 1005863.32	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.26			4.74		6.00

B. Full Name (Last, First, Middle Initial) Tim Rahn		Transaction ID : H4.8731		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 4 Elkjer Circle				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Sioux Falls	State SD	Zip Code 57103		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage				Allocated Activity or Event Year-To-Date 1006037.98	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.68			137.98		174.66

C. Full Name (Last, First, Middle Initial) Greg Rueff		Transaction ID : H4.8732		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3312 Lawrence Rd				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Minneapolis	State MN	Zip Code 55417		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Candy for employees				Allocated Activity or Event Year-To-Date 1006069.84	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.69			25.17		31.86

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.63		167.89		212.52

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Griggs Midway Building		Transaction ID : H4.8733		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1821 University Ave				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City St Paul	State MN	Zip Code 55104		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Storage				Allocated Activity or Event Year-To-Date 1006179.84	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 01 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.10			86.90		110.00

B. Full Name (Last, First, Middle Initial) HUB Property Trust		Transaction ID : H4.8734		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address REIT Management Research 330 2nd. Ave. S Suite 110				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Minneapolis	State MN	Zip Code 55401		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Rent				Allocated Activity or Event Year-To-Date 1017308.84	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 01 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2337.09			8791.91		11129.00

C. Full Name (Last, First, Middle Initial) Alliance Bank		Transaction ID : H4.10148		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 444 Cedar Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City St. Paul	State MN	Zip Code 55101		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Purchase Check Cards				Allocated Activity or Event Year-To-Date 1029508.84	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 01 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2562.00			9638.00		12200.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4922.19		18516.81		23439.00

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Alliance Bank		Transaction ID : H4.10154		Allocated Activity or Event: <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 444 Cedar Street					
City St. Paul	State MN	Zip Code 55101			
Purpose of Disbursement: Purchase Check Cards				Allocated Activity or Event Year-To-Date 1035968.84	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 02 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1356.60			5103.40		6460.00

B. Full Name (Last, First, Middle Initial) Discover		Transaction ID : H4.10157		Allocated Activity or Event: <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 30395					
City Salt Lake City	State UT	Zip Code 84130			
Purpose of Disbursement: Merchant Card Fee				Allocated Activity or Event Year-To-Date 1036137.37	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 02 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.39			133.14		168.53

C. Full Name (Last, First, Middle Initial) Elan Merchant Services		Transaction ID : H4.10158		Allocated Activity or Event: <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					
City Knoxville	State TN	Zip Code 37920			
Purpose of Disbursement: Merchant Card Fee				Allocated Activity or Event Year-To-Date 1040588.11	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 02 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
934.66			3516.08		4450.74

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2326.65		8752.62		11079.27

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Neopost		Transaction ID : H4.10160		Allocated Activity or Event:	
Mailing Address PO Box 73727				<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	
City Chicago	State IL	Zip Code 60673			
Purpose of Disbursement: Party Postage Expense				Allocated Activity or Event Year-To-Date 1041588.11	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 03 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
210.00			790.00		1000.00

B. Full Name (Last, First, Middle Initial) Neopost		Transaction ID : H4.10161		Allocated Activity or Event:	
Mailing Address PO Box 73727				<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	
City Chicago	State IL	Zip Code 60673			
Purpose of Disbursement: Party Postage Expense				Allocated Activity or Event Year-To-Date 1042588.11	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 06 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
210.00			790.00		1000.00

C. Full Name (Last, First, Middle Initial) Verizon Wireless		Transaction ID : H4.8737		Allocated Activity or Event:	
Mailing Address P.O. Box 790422				<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	
City St. Louis	State MO	Zip Code 63179			
Purpose of Disbursement: Telephone expense				Allocated Activity or Event Year-To-Date 1043054.55	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 13 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
97.95			368.49		466.44

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
517.95		1948.49		2466.44

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Norlight		Transaction ID : H4.8738		Allocated Activity or Event: <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 2250 Pilot Knob Road					
City St. Paul	State MN	Zip Code 55120			
Purpose of Disbursement: Telephone expense				Allocated Activity or Event Year-To-Date 1045130.74	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
436.00			1640.19		2076.19

B. Full Name (Last, First, Middle Initial) Onvoy		Transaction ID : H4.8739		Allocated Activity or Event: <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					
City Minneapolis	State MN	Zip Code 55485			
Purpose of Disbursement: Internet Service				Allocated Activity or Event Year-To-Date 1047357.04	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
467.52			1758.78		2226.30

C. Full Name (Last, First, Middle Initial) Austin Kerrigan		Transaction ID : H4.8740		Allocated Activity or Event: <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 1365 Eustis Street # 5					
City St. Paul	State MN	Zip Code 55108			
Purpose of Disbursement: Mileage				Allocated Activity or Event Year-To-Date 1047531.54	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.64			137.86		174.50

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
940.16		3536.83		4476.99

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Timothy Gould		Transaction ID : H4.8741		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 192 Linden Circle				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Apple Valley	State MN	Zip Code 55124		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage				Allocated Activity or Event Year-To-Date 1047653.98	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.71			96.73		122.44

B. Full Name (Last, First, Middle Initial) Office Depot		Transaction ID : H4.8742		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1615 W. County Road C				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Roseville	State MN	Zip Code 55113		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Paper, envelopes - Gerlach				Allocated Activity or Event Year-To-Date 1047653.98	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.94			138.98		175.92

C. Full Name (Last, First, Middle Initial) Douglas McGregor		Transaction ID : H4.8743		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 100 Oakwood Drive				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Mankato	State MN	Zip Code 56001		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage				Allocated Activity or Event Year-To-Date 1048485.85	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
174.69			657.18		831.87

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
200.40		753.91		954.31

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Barbara Linert		Transaction ID : H4.8744		Allocated Activity or Event: <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					
City Eagan	State MN	Zip Code 55123			
Purpose of Disbursement: Food, telephone, office supplies				Allocated Activity or Event Year-To-Date 1053036.58	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 14 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
955.65			3595.08		4550.73

B. Full Name (Last, First, Middle Initial) Davanni's Pizza		Transaction ID : H4.8745		Allocated Activity or Event: <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 5124 Gus Young Lane					
City Edina	State MN	Zip Code 55436			
Purpose of Disbursement: Food - Linert				Allocated Activity or Event Year-To-Date 1053036.58	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 14 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
33.09			124.50		157.59

C. Full Name (Last, First, Middle Initial) Dominos Pizza		Transaction ID : H4.8746		Allocated Activity or Event: <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 Cedar Street and 9th Street					
City St. Paul	State MN	Zip Code 55113			
Purpose of Disbursement: Pizza - Linert				Allocated Activity or Event Year-To-Date 1053036.58	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 14 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
123.05			462.90		585.95

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
955.65		3595.08		4550.73

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: H4
Transaction ID : H4.8744

McLeod 1370.42. davanis 157.59, Dominos 585.95, Rainfow foods 256.58, Blini Bonie 402.74, Chipotles 302.20, Hearthside CAfe 268.95, Nelson's cheese and deli 400.82, Sams 459.60, and Office depot 345.88, are support for Linert's expense report

Form/Schedule:
Transaction ID:

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Rainbow Foods		Transaction ID : H4.8747		Allocated Activity or Event: <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 Corner of Rice and University Ave					
City St. Paul	State MN	Zip Code 55103			
Purpose of Disbursement: Food for volunteers - Linert				Allocated Activity or Event Year-To-Date 1053036.58	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 14 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
53.88			202.70		256.58

B. Full Name (Last, First, Middle Initial) Blink Bonnie		Transaction ID : H4.8749		Allocated Activity or Event: <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 237 E. 7th Street					
City St. Paul	State MN	Zip Code 55101			
Purpose of Disbursement: Food for volunteers & staff Linert				Allocated Activity or Event Year-To-Date 1053036.58	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 14 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
84.58			318.16		402.74

C. Full Name (Last, First, Middle Initial) Chipotle		Transaction ID : H4.8751		Allocated Activity or Event: <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 867 Grand Ave.					
City St. Paul	State MN	Zip Code 55105			
Purpose of Disbursement: Food for staff & volunteers - Linert				Allocated Activity or Event Year-To-Date 1053036.58	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 14 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
63.46			238.74		302.20

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)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Hearthside Restaurant		Transaction ID : H4.8753		Allocated Activity or Event: <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 1641 Rice Street					
City St. Paul	State MN	Zip Code 55117			
Purpose of Disbursement: Food - Linert				Allocated Activity or Event Year-To-Date 1053036.58	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
56.48			212.47		268.95

B. Full Name (Last, First, Middle Initial) Nelsons Cheese & Deli		Transaction ID : H4.8755		Allocated Activity or Event: <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 1562 Como Avenue					
City St. Paul	State MN	Zip Code 55108			
Purpose of Disbursement: Food - Linert				Allocated Activity or Event Year-To-Date 1053036.58	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
84.17			316.65		400.82

C. Full Name (Last, First, Middle Initial) Sams Club		Transaction ID : H4.8756		Allocated Activity or Event: <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 Corner of 35E and Lone Oak Grove					
City Eagan	State MN	Zip Code 55122			
Purpose of Disbursement: Coffee, utensils and food - Linert				Allocated Activity or Event Year-To-Date 1053036.58	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
96.52			363.08		459.60

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)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Office Depot		Transaction ID : H4.8757		Allocated Activity or Event:	
Mailing Address 1615 W. County Road C				<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	
City	State	Zip Code		Allocated Activity or Event Year-To-Date	
Roseville	MN	55113		1053036.58	
Purpose of Disbursement: Paper and supplies - Linert				Date	
Activity or Event Identifier: Administrative			Category/ Type	M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2006	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
72.63			273.25		345.88

B. Full Name (Last, First, Middle Initial) Meredith Wilson		Transaction ID : H4.8758		Allocated Activity or Event:	
Mailing Address 2115 Summit Ave.				<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	
City	State	Zip Code		Allocated Activity or Event Year-To-Date	
St. Paul	MN	55105		1053090.73	
Purpose of Disbursement: Mileage				Date	
Activity or Event Identifier: Administrative			Category/ Type	M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.37			42.78		54.15

C. Full Name (Last, First, Middle Initial) Laura Casey		Transaction ID : H4.8760		Allocated Activity or Event:	
Mailing Address 2665 4th Ave. # 7				<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	
City	State	Zip Code		Allocated Activity or Event Year-To-Date	
Anoka	MN	55303		1053158.95	
Purpose of Disbursement: Mileage				Date	
Activity or Event Identifier: Administrative			Category/ Type	M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.33			53.89		68.22

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.70		96.67		122.37

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Greg Rueff			Transaction ID : H4.8761			Allocated Activity or Event: <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 3312 Lawrence Rd								
City Minneapolis	State MN	Zip Code 55417				Allocated Activity or Event Year-To-Date 1053411.91		
Purpose of Disbursement: Domino's pizza for call center						Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
53.12						=		
			199.84			TOTAL AMOUNT		
						252.96		

B. Full Name (Last, First, Middle Initial) Ronald Huettl			Transaction ID : H4.8762			Allocated Activity or Event: <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 70 Virginia St #1								
City St Paul	State MN	Zip Code 55107				Allocated Activity or Event Year-To-Date 1053518.91		
Purpose of Disbursement: Pizza for call center						Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
22.47						=		
			84.53			TOTAL AMOUNT		
						107.00		

C. Full Name (Last, First, Middle Initial) Hans Hassell			Transaction ID : H4.8763			Allocated Activity or Event: <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 155 Little Canada Drive # 103								
City Little Canada	State MN	Zip Code 55117				Allocated Activity or Event Year-To-Date 1053940.99		
Purpose of Disbursement: Mileage						Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
88.64						=		
			333.44			TOTAL AMOUNT		
						422.08		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
164.23		617.81		782.04

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Bryan Humphreys		Transaction ID : H4.8764		Allocated Activity or Event: <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 153 Little Canada Road E Apt. 103				Allocated Activity or Event Year-To-Date 1054183.99	
City Little Canada	State MN	Zip Code 55117		Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Mileage		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="51.03"/>			<input type="text" value="191.97"/>		<input type="text" value="243.00"/>

B. Full Name (Last, First, Middle Initial) Lexis Nexis		Transaction ID : H4.8765		Allocated Activity or Event: <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 1054533.99	
City Carol Stream	State IL	Zip Code 60132		Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Clipping service		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="73.50"/>			<input type="text" value="276.50"/>		<input type="text" value="350.00"/>

C. Full Name (Last, First, Middle Initial) Comcast Corporation		Transaction ID : H4.8766		Allocated Activity or Event: <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 1054641.47	
City Philadelphia	State PA	Zip Code 19102		Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Cable		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="22.57"/>			<input type="text" value="84.91"/>		<input type="text" value="107.48"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="147.10"/>		<input type="text" value="553.38"/>		<input type="text" value="700.48"/>

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
<input type="text"/>		<input type="text"/>		<input type="text"/>

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Richard Reiss & Asso		Transaction ID : H4.8767		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 8030 Cedar Ave S Ste 200				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Minneapolis	State MN	Zip Code 55420		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll service				Allocated Activity or Event Year-To-Date 1055228.12	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 14 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
123.20			463.45		586.65

B. Full Name (Last, First, Middle Initial) Alliance Bank		Transaction ID : H4.10149		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 444 Cedar Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City St. Paul	State MN	Zip Code 55101		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Bank Service Fee				Allocated Activity or Event Year-To-Date 1055331.07	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 15 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.62			81.33		102.95

C. Full Name (Last, First, Middle Initial) Verizon Wireless		Transaction ID : H4.10187		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address P.O. Box 790422				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City St. Louis	State MO	Zip Code 63179		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Telephone Expense				Allocated Activity or Event Year-To-Date 1056513.01	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 15 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
248.21			933.73		1181.94

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
393.03		1478.51		1871.54

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Bryan Humphreys		Transaction ID : H4.10202		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 153 Little Canada Road E Apt. 103				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Little Canada	State MN	Zip Code 55117		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage				Allocated Activity or Event Year-To-Date 1056566.62	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 15 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.26			42.35		53.61

B. Full Name (Last, First, Middle Initial) Laura Casey		Transaction ID : H4.10203		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2665 4th Ave. # 7				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Anoka	State MN	Zip Code 55303		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage				Allocated Activity or Event Year-To-Date 1056682.61	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 15 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.36			91.63		115.99

C. Full Name (Last, First, Middle Initial) Karen Hubbard		Transaction ID : H4.10204		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3415 University Ave				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Saint Paul	State MN	Zip Code 55114		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Heating Services & Supplies				Allocated Activity or Event Year-To-Date 1056798.61	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 15 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.36			91.64		116.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
59.98		225.62		285.60

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Ryan Flynn		Transaction ID : H4.10206		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 12828 ExhallAve. N				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Hugo	State MN	Zip Code 55038		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage		Category/ Type		Allocated Activity or Event Year-To-Date 1056981.28	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
38.36			144.31		182.67

B. Full Name (Last, First, Middle Initial) Neopost		Transaction ID : H4.10172		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 73727				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Chicago	State IL	Zip Code 60673		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Party Postage Expense		Category/ Type		Allocated Activity or Event Year-To-Date 1057981.28	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
210.00			790.00		1000.00

C. Full Name (Last, First, Middle Initial) Gina Countyman		Transaction ID : H4.10205		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2458 County Road I # 305				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Mounds View	State MN	Zip Code 55112		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Clippings Service		Category/ Type		Allocated Activity or Event Year-To-Date 1058156.12	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
36.72			138.12		174.84

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
285.08		1072.43		1357.51

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Alliance Bank		Transaction ID : H4.10381		Allocated Activity or Event:	
Mailing Address 444 Cedar Street				<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	
City	State	Zip Code		Allocated Activity or Event Year-To-Date	
St. Paul	MN	55101		1051857.82	
Purpose of Disbursement: Refund- Bank Fees				Date	
Activity or Event Identifier: Administrative			Category/ Type	M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-1322.64			-4975.66		-6298.30

B. Full Name (Last, First, Middle Initial) Wells Fargo Bank NA		Transaction ID : H4.10309		Allocated Activity or Event:	
Mailing Address PO Box B 514				<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	
City	State	Zip Code		Allocated Activity or Event Year-To-Date	
Minneapolis	MN	55479		1051867.68	
Purpose of Disbursement: Bank Service Fee				Date	
Activity or Event Identifier: Administrative			Category/ Type	M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.07			7.79		9.86

C. Full Name (Last, First, Middle Initial) Alliance Bank		Transaction ID : H4.10151		Allocated Activity or Event:	
Mailing Address 444 Cedar Street				<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	
City	State	Zip Code		Allocated Activity or Event Year-To-Date	
St. Paul	MN	55101		1051948.53	
Purpose of Disbursement: Check Card Adjustments				Date	
Activity or Event Identifier: Administrative			Category/ Type	M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.98			63.87		80.85

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-1303.59		-4904.00		-6207.59

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Eric Hoplin		Transaction ID : H4.10185		Allocated Activity or Event: <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 13612 Bryant Pl					
City Burnsville	State MN	Zip Code 55337			
Purpose of Disbursement: Mileage, telephone, food				Allocated Activity or Event Year-To-Date 1053337.04	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 21 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
291.59			1096.92		1388.51

B. Full Name (Last, First, Middle Initial) Neopost		Transaction ID : H4.10175		Allocated Activity or Event: <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 73727					
City Chicago	State IL	Zip Code 60673			
Purpose of Disbursement: Party Postage Expense				Allocated Activity or Event Year-To-Date 1054337.04	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 22 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00			790.00		1000.00

C. Full Name (Last, First, Middle Initial) Florida Business Information		Transaction ID : H4.10194		Allocated Activity or Event: <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 193					
City Bell	State FL	Zip Code 32619			
Purpose of Disbursement: Clipping Service				Allocated Activity or Event Year-To-Date 1054337.04	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 22 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
70.98			267.02		338.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
501.59		1886.92		2388.51

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: H4
Transaction ID : H4.10185

Mileage 959.23, telephone 716.09, and Blink Bonnie 113.19 are support for Hoplin's expense report of 11/21

Form/Schedule:
Transaction ID:

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Rental & Balloons		Transaction ID : H4.10197		Allocated Activity or Event: <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 1601 3rd. Ave SE					
City Rochester	State MN	Zip Code 55904			
Purpose of Disbursement: Balloons for Rally				Allocated Activity or Event Year-To-Date 1054337.04	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 22 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
67.41			253.59		321.00

B. Full Name (Last, First, Middle Initial) American Express Services		Transaction ID : H4.10173		Allocated Activity or Event: <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 360001					
City Ft. Lauderdale	State FL	Zip Code 33336			
Purpose of Disbursement: Merchant Card Fees				Allocated Activity or Event Year-To-Date 1055237.04	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 26 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
189.00			711.00		900.00

C. Full Name (Last, First, Middle Initial) Alliance Bank		Transaction ID : H4.10152		Allocated Activity or Event: <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 444 Cedar Street					
City St. Paul	State MN	Zip Code 55101			
Purpose of Disbursement: Bank Service Fee				Allocated Activity or Event Year-To-Date 1055806.17	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 27 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
119.52			449.61		569.13

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
308.52		1160.61		1469.13

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Alliance Bank		Transaction ID : H4.10378		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 444 Cedar Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City St. Paul	State MN	Zip Code 55101		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Refund- Bank Fees		Category/ Type		Allocated Activity or Event Year-To-Date 1055566.17	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="-50.40"/>			<input type="text" value="-189.60"/>		<input type="text" value="-240.00"/>

B. Full Name (Last, First, Middle Initial) Holiday Inn Alexandria		Transaction ID : H4.9258		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 5637 St Hwy 295				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Alexandria	State MN	Zip Code 56308		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Lodging Vega		Category/ Type		Allocated Activity or Event Year-To-Date 1055566.17	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="35.55"/>			<input type="text" value="133.73"/>		<input type="text" value="169.28"/>

C. Full Name (Last, First, Middle Initial) Mileage		Transaction ID : H4.9259		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 525 Park Street suite 250				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City St. Paul	State MN	Zip Code 55103		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage Vega		Category/ Type		Allocated Activity or Event Year-To-Date 1055566.17	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="55.48"/>			<input type="text" value="208.69"/>		<input type="text" value="264.17"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="-50.40"/>		<input type="text" value="-189.60"/>		<input type="text" value="-240.00"/>

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
<input type="text"/>		<input type="text"/>		<input type="text"/>

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Staples		Transaction ID : H4.9263		Allocated Activity or Event: <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 9020					
City Des Moines	State IA	Zip Code 50368			
Purpose of Disbursement: Paper,packet folders Linert				Allocated Activity or Event Year-To-Date 1055566.17	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 01 / 2006	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.63			130.27		164.90

B. Full Name (Last, First, Middle Initial) Hot City Pizza		Transaction ID : H4.9264		Allocated Activity or Event: <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 1017 W. 7th Street					
City ST. Paul	State MN	Zip Code 55102			
Purpose of Disbursement: Pizza Linert				Allocated Activity or Event Year-To-Date 1055566.17	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 01 / 2006	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.86			70.97		89.83

C. Full Name (Last, First, Middle Initial) Verizon Wireless		Transaction ID : H4.9265		Allocated Activity or Event: <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					
City St. Louis	State MO	Zip Code 63179			
Purpose of Disbursement: Phone expense Linert				Allocated Activity or Event Year-To-Date 1055566.17	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 01 / 2006	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.39			54.11		68.50

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)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Fundraising Associates		Transaction ID : H4.9208		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 7705 Tanglewood Ct				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Minneapolis	State MN	Zip Code 55439		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: General Party Fundraising Consulting				Allocated Activity or Event Year-To-Date 316368.84	
Activity or Event Identifier: Fundraising event 2006(01/01/2006)		Category/ Type		Date 10 / 19 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1050.00			3950.00		5000.00

B. Full Name (Last, First, Middle Initial) Direct Mail Systems		Transaction ID : H4.9209		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 12450 AUtomobile Blvd				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Clearwater	State FL	Zip Code 33762		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Party Mailhouse Expense				Allocated Activity or Event Year-To-Date 332192.44	
Activity or Event Identifier: Fundraising event 2006(01/01/2006)		Category/ Type		Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3322.96			12500.64		15823.60

C. Full Name (Last, First, Middle Initial) Cay Hellervick		Transaction ID : H4.9211		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 59 4th Street Apt 2500				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City St. Paul	State MN	Zip Code 55102		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Catering				Allocated Activity or Event Year-To-Date 334411.14	
Activity or Event Identifier: Fundraising event 2006(01/01/2006)		Category/ Type		Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
465.93			1752.77		2218.70

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4838.89		18203.41		23042.30

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)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Resolution Graphics		Transaction ID : H4.9213		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2816 Anthony Ln S				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Minneapolis	State MN	Zip Code 55418		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Party Mailhouse Expense				Allocated Activity or Event Year-To-Date 337106.73	
Activity or Event Identifier: Fundraising event 2006(01/01/2006)			Category/ Type	Date 10 / 31 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
566.07			2129.52		2695.59

B. Full Name (Last, First, Middle Initial) Minneapolis Club		Transaction ID : H4.10188		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 729 2nd Avenue S				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Minneapolis	State MN	Zip Code 55402		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Food for Event/ Non-Candidate				Allocated Activity or Event Year-To-Date 337626.63	
Activity or Event Identifier: Fundraising event 2006(01/01/2006)			Category/ Type	Date 11 / 13 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
109.18			410.72		519.90

C. Full Name (Last, First, Middle Initial) Chris Gerlach		Transaction ID : H4.10199		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 173 County Road 42				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Apple Valley	State MN	Zip Code 55124		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage & Event Decorations				Allocated Activity or Event Year-To-Date 339227.05	
Activity or Event Identifier: Fundraising event 2006(01/01/2006)			Category/ Type	Date 11 / 14 / 2006	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
53.50			201.25		254.75

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
728.75		2741.49		3470.24

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
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Form/Schedule: H4
Transaction ID : H4.10199

Mileage 78.83 and Office depot 175.92 are support for Gerlach's report

Form/Schedule:
Transaction ID:

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

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Dwight Tostenson		Transaction ID : H4.10186		Allocated Activity or Event: <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 5137 William Ave					
City Edina	State MN	Zip Code 55436			
Purpose of Disbursement: Telephone & Party Printing Expense				Allocated Activity or Event Year-To-Date 338972.30	
Activity or Event Identifier: Fundraising event 2006(01/01/2006)		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="282.59"/>			<input type="text" value="1063.08"/>		<input type="text" value="1345.67"/>

B. Full Name (Last, First, Middle Initial) Direct Mail Systems		Transaction ID : H4.10183		Allocated Activity or Event: <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 12450 AUtomobile Blvd					
City Clearwater	State FL	Zip Code 33762			
Purpose of Disbursement: Party Mailhouse Expense				Allocated Activity or Event Year-To-Date 345196.90	
Activity or Event Identifier: Fundraising event 2006(01/01/2006)		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="1253.67"/>			<input type="text" value="4716.18"/>		<input type="text" value="5969.85"/>

C. Full Name (Last, First, Middle Initial)				Allocated Activity or Event: <input 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					
City	State	Zip Code			
Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/ Type		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input type="text"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1536.26"/>		<input type="text" value="5779.26"/>		<input type="text" value="7315.52"/>

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
<input type="text" value="27695.66"/>		<input type="text" value="104188.29"/>		<input type="text" value="131883.95"/>

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
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Form/Schedule: H4
Transaction ID : H4.10186

Copy cats 1182.35 and Midwest wireless 163.32 are support for Tostenson's expense report

Form/Schedule:
Transaction ID: