

# 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 - Federal

ADDRESS (number and street) 525 Park Street

Check if different than previously reported. (ACC) Suite 250

Saint Paul MN 55103-2145

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)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

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  

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 through M M / D D / Y Y Y Y Y Y 11 / 26 / 2012

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 Bron Scherer

Signature of Treasurer Bron Scherer *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 12 / 06 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Republican Party of Minnesota - Federal

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value=""/>	<input type="text" value="-43781.38"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="90608.02"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="576544.33"/>	<input type="text" value="2413745.88"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="667152.35"/>	<input type="text" value="2369964.5"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="597408.25"/>	<input type="text" value="2300220.4"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="69744.1"/>	<input type="text" value="69744.1"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="781474.6"/>	

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)

Write or Type Committee Name

**Republican Party of Minnesota - Federal**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	100358.5	649910.04
(ii) Unitemized .....	118381.33	876536.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	218739.83	1526446.89
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	56000	116753.66
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	274739.83	1643200.55
12. Transfers From Affiliated/Other Party Committees.....	144500	345230
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1115.51	14762.91
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	156188.99	410552.42
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	156188.99	410552.42
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	576544.33	2413745.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	420355.34	2003193.46

**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 .....	76558.24	259462.46
(ii) Non-Federal Share.....	136103.51	463817.11
(b) Other Federal Operating Expenditures .....	138341.47	526151.8
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	351003.22	1249431.37
22. Transfers to Affiliated/Other Party Committees.....	40830.63	40605.63
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E) .....	20066.8	20066.8
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	3778.78	40843.87
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	70	-12502.33
(b) Political Party Committees .....	0	3300
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	70	-9202.33
29. Other Disbursements .....	0	9136
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	181658.82	949339.06
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	181658.82	949339.06
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	597408.25	2300220.4
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	461304.74	1836403.29

**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) .....	274739.83	1643200.55
34. Total Contribution Refunds (from Line 28(d)) .....	70	-9202.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	274669.83	1652402.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	214899.71	785614.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1115.51	14762.91
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	213784.2	770851.35

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 231
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial) <b>A. Clifford Koltes</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2012 <b>Transaction ID : 16304-901181-c</b>
Mailing Address 375 Cheyenne Trail		Amount of Each Receipt this Period 200
City Wayzata	State MN	Zip Code 55391-9136
FEC ID number of contributing federal political committee. C	Name of Employer Cbsa	Occupation PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600	

Full Name (Last, First, Middle Initial) <b>B. Bryan Oneil</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012 <b>Transaction ID : 505663-902418-c</b>
Mailing Address 17673 70th Place N		Amount of Each Receipt this Period 100
City Osseo	State MN	Zip Code 55311-3028
FEC ID number of contributing federal political committee. C	Name of Employer Wells Fargo	Occupation Project Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375	

Full Name (Last, First, Middle Initial) <b>C. Catherine Soderquist</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2012 <b>Transaction ID : 479839-901361-c</b>
Mailing Address 10625 Sanctuary Drive NE		Amount of Each Receipt this Period 50
City Minneapolis	State MN	Zip Code 55449-5384
FEC ID number of contributing federal political committee. C	Name of Employer Information Requested	Occupation Information Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 231
<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 - Federal**

Full Name (Last, First, Middle Initial) <b>A. Jamie Honour</b>		Date of Receipt
Mailing Address 1725 Bohns Point Road		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City State Zip Code Wayzata MN 55391-9311		<b>Transaction ID : 503976-900962-c</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10000"/>
Name of Employer None	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="10000"/>	

Full Name (Last, First, Middle Initial) <b>B. Stephen Hunziker</b>		Date of Receipt
Mailing Address 1068 Hoyt Avenue W		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City State Zip Code Saint Paul MN 55117-3307		<b>Transaction ID : 40261-903478-c</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="150"/>
Name of Employer S.H. Smith & Co., Inc.	Occupation Insurance Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300"/>	

Full Name (Last, First, Middle Initial) <b>C. Christopher Anderson</b>		Date of Receipt
Mailing Address 1176 Ivy Avenue E		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code Saint Paul MN 55106-2049		<b>Transaction ID : 209990-901721-c</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250"/>
Name of Employer Hunt Electric	Occupation Project Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="10400.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 231
<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 - Federal**

**A. Stephen Sanger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16588 Grays Bay Boulevard  
City Wayzata State MN Zip Code 55391-2915  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000

Date of Receipt 10 / 22 / 2012  
**Transaction ID : 116881-901141-c**  
Amount of Each Receipt this Period 5000

**B. David Oren**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6977 Black Duck Drive  
City Circle Pines State MN Zip Code 55014-1319  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Advantage Management Occupation Executive Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250

Date of Receipt 10 / 30 / 2012  
**Transaction ID : 509268-905360-c**  
Amount of Each Receipt this Period 250

**C. Craig Bentsdahl**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4800 Bywood Street W  
City Minneapolis State MN Zip Code 55436-1307  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Investor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000

Date of Receipt 10 / 19 / 2012  
**Transaction ID : 509206-905298-c**  
Amount of Each Receipt this Period 1000

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6250.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 9 OF 231  
(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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. Lawrence Schuster**

Mailing Address 4430 W Lake Harriet Parkway  
 Apt. 301

City State Zip Code  
 Minneapolis MN 55410-1960

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

Name of Employer Occupation  
 Schuster Clinic PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1050

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2012  
**Transaction ID : 6477-901868-c**

Amount of Each Receipt this Period  
 1000

Full Name (Last, First, Middle Initial)  
**B. Nick Mattson**

Mailing Address 10000 36th Place N

City State Zip Code  
 Minneapolis MN 55441-1654

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

Name of Employer Occupation  
 Huebsch Services Account Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 378

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2012  
**Transaction ID : 475209-903825-c**

Amount of Each Receipt this Period  
 42

Full Name (Last, First, Middle Initial)  
**c. Carla Shutrop**

Mailing Address 338 6th Avenue W

City State Zip Code  
 Shakopee MN 55379-2321

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

Name of Employer Occupation  
 Shakopee School District #72 Chairman

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 252

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2012  
**Transaction ID : 33981-904740-c**

Amount of Each Receipt this Period  
 42

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1084.00

**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: (check only one)	PAGE 10 OF 231
<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 - Federal**

**A. Nicholas Kasper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21203 County Road 10  
City Hamel State MN Zip Code 55340-9651  
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 ▼ **205**

Date of Receipt  
**10 / 19 / 2012**  
**Transaction ID : 459202-901056-c**  
Amount of Each Receipt this Period  
**30**

**B. Dustin Rosa**  
Full Name (Last, First, Middle Initial)  
Mailing Address 333 Fox Lake Avenue Apt. 15  
City Sherburn State MN Zip Code 56171-9651  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Sherburn Nursery & Floral Landscaper  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **325**

Date of Receipt  
**11 / 09 / 2012**  
**Transaction ID : 495694-903621-c**  
Amount of Each Receipt this Period  
**25**

**C. Christopher Leines**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 353  
City Loretto State MN Zip Code 55357-0353  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Minnesota Limited, LLC Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **6000**

Date of Receipt  
**10 / 31 / 2012**  
**Transaction ID : 65423-902403-c**  
Amount of Each Receipt this Period  
**5000**

**SUBTOTAL** of Receipts This Page (optional)..... **5055.00**  
**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: (check only one)	PAGE 11 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. Angelina Gagner**

Mailing Address 1008 17th Street SE

City Forest Lake State MN Zip Code 55025-2022

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 09 / 2012**

**Transaction ID : 202926-903729-c**

Amount of Each Receipt this Period  
**100**

Full Name (Last, First, Middle Initial)  
**B. Jill Johnson**

Mailing Address 157 76th Way NE

City Minneapolis State MN Zip Code 55432-3073

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

Name of Employer Johnson Consulting Svcs Occupation Management Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2012**

**Transaction ID : 509279-905371-c**

Amount of Each Receipt this Period  
**500**

Full Name (Last, First, Middle Initial)  
**C. Scott Jetvig**

Mailing Address PO Box 220

City Hawley State MN Zip Code 56549-0220

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 ▼ **350**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 12 / 2012**

**Transaction ID : 131432-903812-c**

Amount of Each Receipt this Period  
**100**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 231  
(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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. Douglas Jones**

Mailing Address PO Box 26

City Nerstrand      State MN      Zip Code 55053-0026

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

Name of Employer Occupation  
 None Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1507

Date of Receipt  
 10 / 29 / 2012  
**Transaction ID : 209379-902277-c**

Amount of Each Receipt this Period  
 150

Full Name (Last, First, Middle Initial)  
**B. Gregory Pulles**

Mailing Address 4625 Xene Lane N

City Plymouth      State MN      Zip Code 55446-2191

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

Name of Employer Occupation  
 TCF Financial ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 10 / 30 / 2012  
**Transaction ID : 2066-902402-c**

Amount of Each Receipt this Period  
 1000

Full Name (Last, First, Middle Initial)  
**C. Arden Johnson**

Mailing Address 15521 Oakhill Road N

City Scandia      State MN      Zip Code 55073-9440

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 ▼  
 250

Date of Receipt  
 11 / 02 / 2012  
**Transaction ID : 75034-902907-c**

Amount of Each Receipt this Period  
 50

**SUBTOTAL** of Receipts This Page (optional)..... ▶      1200.00

**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: (check only one)	PAGE 13 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

**A. Erin Lundquist**  
Full Name (Last, First, Middle Initial)

Mailing Address 5477 Rowland Road

City State Zip Code  
Minnetonka MN 55343-4398

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

Name of Employer Occupation  
Thompson Reuters Attorney-Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
512.5

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2012  
**Transaction ID : 222395-904225-c**

Amount of Each Receipt this Period  
62.5

**B. Blane Cesnik**  
Full Name (Last, First, Middle Initial)

Mailing Address 1902 Front Street NE

City State Zip Code  
Saint Cloud MN 56304-9607

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

Name of Employer Occupation  
Xcel Energy Inspector

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2012  
**Transaction ID : 224472-900735-c**

Amount of Each Receipt this Period  
75

**C. Michael Kaess**  
Full Name (Last, First, Middle Initial)

Mailing Address 4541 Majestic Oaks Place

City State Zip Code  
Eagan MN 55123-3077

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

Name of Employer Occupation  
UPS Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1124

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2012  
**Transaction ID : 19896-903773-c**

Amount of Each Receipt this Period  
84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	221.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

Full Name (Last, First, Middle Initial) <b>A. Jeff Johnk</b>		Date of Receipt
Mailing Address 9505 Aspen Road		M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012
City	State	Zip Code
Lakeville	MN	55044-8150
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : 456103-903476-c</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CRI	Plant Manager	200
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	250	

Full Name (Last, First, Middle Initial) <b>B. George L Colson Jr.</b>		Date of Receipt
Mailing Address 6218 Juneau Lane N		M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
City	State	Zip Code
Osseo	MN	55311-4137
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : 505856-902580-c</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto-Mate Inc.	Management	1000
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1050	

Full Name (Last, First, Middle Initial) <b>C. Brian Buchholz</b>		Date of Receipt
Mailing Address 10482 County Highway 10		M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
City	State	Zip Code
Fergus Falls	MN	56537-7125
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : 123812-902555-c</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BWBR	ARCHITECT	150
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	250	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

**A. Charles Westfall**  
Full Name (Last, First, Middle Initial)

Mailing Address 2552 280th Avenue

City State Zip Code  
Rothsay MN 56579-9270

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

Name of Employer Occupation  
Self Farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**275**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : 222312-902507-c**

Amount of Each Receipt this Period  
**100**

**B. John Ryan**  
Full Name (Last, First, Middle Initial)

Mailing Address 11516 W 183rd Street Suite SW

City State Zip Code  
Orland Park IL 60467-9471

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 ▼  
**500**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 24 / 2012**

**Transaction ID : 504834-901726-c**

Amount of Each Receipt this Period  
**500**

**C. Nancy Bodeen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1180 Whitebridge Hill Road

City State Zip Code  
Winnetka IL 60093-1548

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 20 / 2012**

**Transaction ID : 119410-904464-c**

Amount of Each Receipt this Period  
**500**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 231  
(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 - Federal**

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

Mailing Address 21203 County Road 10

City Hamel State MN Zip Code 55340-9651

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 ▼  
 205

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2012  
**Transaction ID : 459202-904009-c**

Amount of Each Receipt this Period  
 50

Full Name (Last, First, Middle Initial)  
**B. Michael D Arnold**

Mailing Address 29 4th Avenue N

City Minneapolis State MN Zip Code 55401-3349

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 ▼  
 525

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 225673-903030-c**

Amount of Each Receipt this Period  
 400

Full Name (Last, First, Middle Initial)  
**C. Richard Rice**

Mailing Address 2709 Lynn Avenue

City Saint Louis Park State MN Zip Code 55416-3941

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

Name of Employer Occupation  
 Northwestern Mutual Insurance Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 343

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2012  
**Transaction ID : 105549-904731-c**

Amount of Each Receipt this Period  
 84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 534.00

**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: (check only one)	PAGE 17 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)  
**A. Charles Sutphen**

Mailing Address 8309 Rhode Island Drive N

City State Zip Code  
Brooklyn Park MN 55445-2256

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

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225**

Date of Receipt  
**11 / 19 / 2012**

**Transaction ID : 181012-904378-c**

Amount of Each Receipt this Period  
**50**

Full Name (Last, First, Middle Initial)  
**B. Charles Sutphen**

Mailing Address 8309 Rhode Island Drive N

City State Zip Code  
Brooklyn Park MN 55445-2256

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

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225**

Date of Receipt  
**11 / 06 / 2012**

**Transaction ID : 181012-903426-c**

Amount of Each Receipt this Period  
**50**

Full Name (Last, First, Middle Initial)  
**C. Diana Whelpley**

Mailing Address 2180 Dellwood Avenue

City State Zip Code  
Roseville MN 55113-4309

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

Name of Employer Occupation  
Self Para Legal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**550**

Date of Receipt  
**10 / 19 / 2012**

**Transaction ID : 132210-900933-c**

Amount of Each Receipt this Period  
**400**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 231
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. Pamela Bernick**

Mailing Address 515 5th Avenue N

City State Zip Code  
Saint Cloud MN 56303-3500

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

Name of Employer Occupation  
Bernicks Pepsi Marketing Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2012  
**Transaction ID : 197068-904648-c**

Amount of Each Receipt this Period  
250

Full Name (Last, First, Middle Initial)  
**B. John Rouleau**

Mailing Address 2000 Magoffin Avenue

City State Zip Code  
Saint Paul MN 55116-2571

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 ▼  
275

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2012  
**Transaction ID : 492986-900771-c**

Amount of Each Receipt this Period  
125

Full Name (Last, First, Middle Initial)  
**C. Richard Rice**

Mailing Address 2709 Lynn Avenue

City State Zip Code  
Saint Louis Park MN 55416-3941

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

Name of Employer Occupation  
Northwestern Mutual Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
343

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2012  
**Transaction ID : 105549-901087-c**

Amount of Each Receipt this Period  
84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 459.00

**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 231  
(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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. Arlen Erdahl**

Mailing Address 13413 Nicollet Lane

City Burnsville      State MN      Zip Code 55337-2775

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

Name of Employer Occupation  
 None Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225

Date of Receipt  
 11 / 16 / 2012  
**Transaction ID : 202165-904247-c**

Amount of Each Receipt this Period  
 50

Full Name (Last, First, Middle Initial)  
**B. Susanne Haas**

Mailing Address 2117 Kenwood Parkway

City Minneapolis      State MN      Zip Code 55405-2327

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

Name of Employer Occupation  
 Honeywell International INC ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275

Date of Receipt  
 11 / 05 / 2012  
**Transaction ID : 22069-903076-c**

Amount of Each Receipt this Period  
 100

Full Name (Last, First, Middle Initial)  
**C. Leroy Sundermeyer**

Mailing Address 3804 Ewing Avenue S

City Minneapolis      State MN      Zip Code 55410-1050

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

Name of Employer Occupation  
 Self Advertising Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 330

Date of Receipt  
 11 / 19 / 2012  
**Transaction ID : 186284-904442-c**

Amount of Each Receipt this Period  
 30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00

**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: (check only one)	PAGE 20 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 - Federal**

**A. Marri Renne**  
Full Name (Last, First, Middle Initial)

Mailing Address 7939 Ridge Road  
Apt. 10

City Nisswa State MN Zip Code 56468-8782

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

Name of Employer Self Occupation Realtor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225**

Date of Receipt  
**10 / 23 / 2012**  
Transaction ID : **497693-901411-c**

Amount of Each Receipt this Period  
**100**

**B. Harry Frankman**  
Full Name (Last, First, Middle Initial)

Mailing Address 220 S 6th Street  
Suite 2000

City Minneapolis State MN Zip Code 55402-4515

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

Name of Employer Frankman Law Office Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt  
**11 / 02 / 2012**  
Transaction ID : **102353-902790-c**

Amount of Each Receipt this Period  
**500**

**C. Cynthia Moser**  
Full Name (Last, First, Middle Initial)

Mailing Address 3765 White Bear Avenue N

City White Bear Lake State MN Zip Code 55110-4749

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

Name of Employer Talbots Occupation Shipping and Recieving

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275**

Date of Receipt  
**10 / 25 / 2012**  
Transaction ID : **142022-901816-c**

Amount of Each Receipt this Period  
**100**

**SUBTOTAL** of Receipts This Page (optional)..... **700.00**

**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: (check only one)	PAGE 21 OF 231
<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 - Federal**

**A. Kenneth Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 269  
 City Perham State MN Zip Code 56573-0269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KLN Enterprises Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000**

Date of Receipt **10 / 22 / 2012**  
**Transaction ID : 164155-901355-c**  
 Amount of Each Receipt this Period **1000**

**B. Richard Cornelius**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3163 Lafayette Ridge Road  
 City Wayzata State MN Zip Code 55391-9231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Softscope Medical Technologies Occupation Self Employed  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500**

Date of Receipt **10 / 31 / 2012**  
**Transaction ID : 168657-902430-c**  
 Amount of Each Receipt this Period **250**

**c. Lyle Bainbridge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5115 Excelsior Boulevard # 108  
 City Minneapolis State MN Zip Code 55416-2906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fusion Software Inc Occupation Software Engineer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **205**

Date of Receipt **11 / 09 / 2012**  
**Transaction ID : 458583-903731-c**  
 Amount of Each Receipt this Period **50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

Full Name (Last, First, Middle Initial) <b>A. Roy Jacob</b>		Date of Receipt
Mailing Address 1340 Pond Circle		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Waconia	MN	55387-3106
FEC ID number of contributing federal political committee.		<b>Transaction ID : 505989-902699-c</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250"/>
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Glenn Gruenhagen</b>		Date of Receipt
Mailing Address 16367 441st Avenue		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Glencoe	MN	55336-5124
FEC ID number of contributing federal political committee.		<b>Transaction ID : 486073-902354-c</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30"/>
Name of Employer	Occupation	
Gruenhagen Insurance	Owner	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Deborah Brattlof</b>		Date of Receipt
Mailing Address 14870 E Fish Hook Drive		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Park Rapids	MN	56470-6245
FEC ID number of contributing federal political committee.		<b>Transaction ID : 31107-902540-c</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150"/>
Name of Employer	Occupation	
Innovis Health	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="430.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

**A. Brenda Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 322 Winona Street SE  
City Chatfield State MN Zip Code 55923-1356  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SEMLM Occupation Staff  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300

Date of Receipt 11 / 13 / 2012  
**Transaction ID : 509357-905449-c**  
Amount of Each Receipt this Period 300

**B. Elena Vorobyov**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13984 Holyoke Court  
City Saint Paul State MN Zip Code 55124-9404  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300

Date of Receipt 10 / 19 / 2012  
**Transaction ID : 509202-905294-c**  
Amount of Each Receipt this Period 300

**C. Marion Yerkes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3679 Blackfoot Court SW  
City Grandville State MI Zip Code 49418-1721  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 460

Date of Receipt 11 / 14 / 2012  
**Transaction ID : 50868-903982-c**  
Amount of Each Receipt this Period 35

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 635.00  
**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 24 OF 231
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. John Rose**

Mailing Address 29822 Rose Court

City Melrose State MN Zip Code 56352-4100

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 29 / 2012**

**Transaction ID : 172775-902164-c**

Amount of Each Receipt this Period  
**100**

Full Name (Last, First, Middle Initial)  
**B. Henry Anderson**

Mailing Address 3110 Van Avenue NE  
Unit 8

City Alexandria State MN Zip Code 56308-1690

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 ▼ **300**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 22 / 2012**

**Transaction ID : 195598-901229-c**

Amount of Each Receipt this Period  
**100**

Full Name (Last, First, Middle Initial)  
**C. Michael Musty**

Mailing Address 10710 Pine Beach Peninsula Loop

City East Gull Lake State MN Zip Code 56401-2027

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

Name of Employer Brainerd Internal Medicine Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2012**

**Transaction ID : 505945-900757-c**

Amount of Each Receipt this Period  
**25**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 231
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial) <b>A. Diane Shelgren</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012 <b>Transaction ID : 504573-901477-c</b>
Mailing Address 4920 Woods Court		Amount of Each Receipt this Period 250
City Excelsior	State MN	Zip Code 55331-9291
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Management Consulting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250	

Full Name (Last, First, Middle Initial) <b>B. William Peterson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012 <b>Transaction ID : 34889-902577-c</b>
Mailing Address 4103 Overlook Circle		Amount of Each Receipt this Period 300
City Bloomington	State MN	Zip Code 55437-3540
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300	

Full Name (Last, First, Middle Initial) <b>C. Charles R Schoonover</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012 <b>Transaction ID : 207007-900774-c</b>
Mailing Address 1160 Lakemoor Drive		Amount of Each Receipt this Period 1200
City Saint Paul	State MN	Zip Code 55129-5307
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 231  
(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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. Bruce Levahn**

Mailing Address 5800 Saint Croix Avenue N  
 Apt. C617

City Golden Valley State MN Zip Code 55422-4696

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1065

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 183829-902883-c**

Amount of Each Receipt this Period  
 100

Full Name (Last, First, Middle Initial)  
**B. Chris Fields**

Mailing Address 901 N 3rd Street

City Minneapolis State MN Zip Code 55401-1001

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

Name of Employer None Occupation Congressional Candidate

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 990

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : 464427-901609-c**

Amount of Each Receipt this Period  
 84

Full Name (Last, First, Middle Initial)  
**C. Charles Robbins**

Mailing Address 118 Duck Pond Drive

City Saint Paul State MN Zip Code 55118-4440

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

Name of Employer Magenic Occupation Software Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2012  
**Transaction ID : 498644-901406-c**

Amount of Each Receipt this Period  
 150

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 334.00

**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: (check only one)	PAGE 27 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

**A. Bryan Oneil**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17673 70th Place N  
City Osseo State MN Zip Code 55311-3028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wells Fargo Occupation Project Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **375**

Date of Receipt **11 / 06 / 2012**  
**Transaction ID : 505663-903372-c**  
Amount of Each Receipt this Period **50**

**B. Trudy Swanson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43877 E Paul Lake Drive  
City Perham State MN Zip Code 56573-8619  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **455**

Date of Receipt **10 / 19 / 2012**  
**Transaction ID : 120482-900926-c**  
Amount of Each Receipt this Period **150**

**C. Benjamin Weerts**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1504 SW 3rd Avenue  
City Grand Rapids State MN Zip Code 55744-4113  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Thrivent Financial Occupation Financial Advisor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **225**

Date of Receipt **10 / 24 / 2012**  
**Transaction ID : 466260-901575-c**  
Amount of Each Receipt this Period **50**

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**  
**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: (check only one)	PAGE 28 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

**A. Steven Kennedy**  
Full Name (Last, First, Middle Initial)

Mailing Address 3435 Leawood Drive

City Hamel State MN Zip Code 55340-9336

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

Name of Employer Faegre Baker Daniels LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2012  
**Transaction ID : 509250-905342-c**

Amount of Each Receipt this Period  
 1000

**B. Kevin Spaeth**  
Full Name (Last, First, Middle Initial)

Mailing Address 19062 Inman Trail

City Lakeville State MN Zip Code 55044-4701

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

Name of Employer Waters Corporation Occupation Field Services Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2012  
**Transaction ID : 193954-901461-c**

Amount of Each Receipt this Period  
 150

**C. Ann Heimark**  
Full Name (Last, First, Middle Initial)

Mailing Address 36 Hanten Drive

City Mankato State MN Zip Code 56001-5004

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

Name of Employer None Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2012  
**Transaction ID : 16827-900705-c**

Amount of Each Receipt this Period  
 150

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 231
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 - Federal**

Full Name (Last, First, Middle Initial) <b>A. Michael Musty</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2012 <b>Transaction ID : 505945-903679-c</b>
Mailing Address 10710 Pine Beach Peninsula Loop		Amount of Each Receipt this Period 25
City East Gull Lake	State MN	Zip Code 56401-2027
FEC ID number of contributing federal political committee. C		
Name of Employer Brainerd Internal Medicine Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230	

Full Name (Last, First, Middle Initial) <b>B. Steven Lawrence</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 57828-900950-c</b>
Mailing Address 1120 Highland Drive		Amount of Each Receipt this Period 150
City Blue Earth	State MN	Zip Code 56013-1500
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350	

Full Name (Last, First, Middle Initial) <b>C. Chris Fields</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2012 <b>Transaction ID : 464427-904738-c</b>
Mailing Address 901 N 3rd Street		Amount of Each Receipt this Period 84
City Minneapolis	State MN	Zip Code 55401-1001
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Congressional Candidate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 990	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	259.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 231  
(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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. James Robson**

Mailing Address PO Box 21901

City Philadelphia State PA Zip Code 19124-0901

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

Name of Employer Occupation  
 None RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 425

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2012  
**Transaction ID : 216991-904462-c**

Amount of Each Receipt this Period  
 100

Full Name (Last, First, Middle Initial)  
**B. John Trautz**

Mailing Address 4509 Edina Boulevard

City Edina State MN Zip Code 55424-1135

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

Name of Employer Occupation  
 Reliance Development Real Estate Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : 134140-901727-c**

Amount of Each Receipt this Period  
 1000

Full Name (Last, First, Middle Initial)  
**C. Henry Soenneker**

Mailing Address PO Box 72

City Bluffton State MN Zip Code 56518-0072

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

Name of Employer Occupation  
 None RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : 183036-901676-c**

Amount of Each Receipt this Period  
 50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00

**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: (check only one)	PAGE 31 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. Charles Selby**

Mailing Address 4 Brainard Way

City North Oaks State MN Zip Code 55127-2042

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

Name of Employer D & D Instruments Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2012**

**Transaction ID : 62181-900704-c**

Amount of Each Receipt this Period  
**150**

Full Name (Last, First, Middle Initial)  
**B. John Pagin**

Mailing Address PO Box 86

City Howe State IN Zip Code 46746-0086

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 26 / 2012**

**Transaction ID : 34740-904776-c**

Amount of Each Receipt this Period  
**150**

Full Name (Last, First, Middle Initial)  
**C. David Ladue**

Mailing Address 600 4th Avenue SE

City Waseca State MN Zip Code 56093-3410

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

Name of Employer Gerdan Ameristeel Occupation Millwright

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 23 / 2012**

**Transaction ID : 73826-901389-c**

Amount of Each Receipt this Period  
**250**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 231
<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 - Federal**

**A. Daniel McDonald**  
Full Name (Last, First, Middle Initial)  
Mailing Address 483 Harbor Court  
City Saint Paul State MN Zip Code 55126-1935  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Merchant & Gould PC Occupation Lawyer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250

Date of Receipt 11 / 06 / 2012  
**Transaction ID : 509413-905505-c**  
Amount of Each Receipt this Period 250

**B. Sean Nienow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 139 6th Avenue SW  
City Cambridge State MN Zip Code 55008-1810  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of MN Occupation ELECT OFFICIAL  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250

Date of Receipt 10 / 23 / 2012  
**Transaction ID : 32358-901372-c**  
Amount of Each Receipt this Period 250

**C. Jeffrey Lisko**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9116 Stephens Pointe  
City Eden Prairie State MN Zip Code 55347  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MN Gastroenterology Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450

Date of Receipt 10 / 30 / 2012  
**Transaction ID : 455490-902344-c**  
Amount of Each Receipt this Period 250

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. Gerald Papenfuss**

Mailing Address 276 Pleasant Hill Drive

City Winona State MN Zip Code 55987-1363

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

Name of Employer KAGE, INC. Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 25 / 2012**

**Transaction ID : 91943-901888-c**

Amount of Each Receipt this Period  
**2000**

Full Name (Last, First, Middle Initial)  
**B. Marie Landsburg**

Mailing Address 2472 Maple Drive SW

City Nisswa State MN Zip Code 56468-2015

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

Name of Employer Landsburg Landscape Nursery Occupation Business Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 19 / 2012**

**Transaction ID : 15304-900968-c**

Amount of Each Receipt this Period  
**50**

Full Name (Last, First, Middle Initial)  
**C. Sheri Auclair**

Mailing Address 11650 Cedar Pass

City Hopkins State MN Zip Code 55305-2970

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : 505660-902415-c**

Amount of Each Receipt this Period  
**1000**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3050.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

**A. Bonnie Stasiuk**  
Full Name (Last, First, Middle Initial)

Mailing Address 320 88th Avenue W

City Duluth State MN Zip Code 55808-1203

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

Name of Employer Occupation  
None RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250

Date of Receipt  
11 / 05 / 2012  
**Transaction ID : 6961-903148-c**

Amount of Each Receipt this Period  
100

**B. Dennis Walsh**  
Full Name (Last, First, Middle Initial)

Mailing Address 6000 Bass Lake Road Suite 200

City Minneapolis State MN Zip Code 55429-2794

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

Name of Employer Occupation  
Walsh Partners Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9800

Date of Receipt  
11 / 12 / 2012  
**Transaction ID : 507246-903772-c**

Amount of Each Receipt this Period  
1400

**C. Douglas Seaton**  
Full Name (Last, First, Middle Initial)

Mailing Address 4306 Sunnyside Road

City Minneapolis State MN Zip Code 55424-1101

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

Name of Employer Occupation  
Burk Saem Glaster ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050

Date of Receipt  
10 / 25 / 2012  
**Transaction ID : 212409-901866-c**

Amount of Each Receipt this Period  
1000

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. Harry Niska**

Mailing Address 5766 162nd Crossing NW

City Ramsey	State MN	Zip Code 55303-4882
----------------	-------------	------------------------

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

Name of Employer Ross Oerstein LLC	Occupation ATTORNEY
---------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

**Transaction ID : 186250-902110-c**

Amount of Each Receipt this Period  

10	29	2012
42		

Full Name (Last, First, Middle Initial)  
**B. John Edson**

Mailing Address 4835 Forestview Lane N

City Minneapolis	State MN	Zip Code 55442-2183
---------------------	-------------	------------------------

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

Name of Employer Blanski Peter Kronlage & Zoc	Occupation CPA
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2012

**Transaction ID : 506506-903156-c**

Amount of Each Receipt this Period  

11	05	2012
1000		

Full Name (Last, First, Middle Initial)  
**C. Jill Johnson**

Mailing Address 157 76th Way NE

City Fridley	State MN	Zip Code 55432-3073
-----------------	-------------	------------------------

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

Name of Employer Johnson Consulting Services	Occupation President
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

**Transaction ID : 151465-902111-c**

Amount of Each Receipt this Period  

10	29	2012
84		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1126.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 231
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 - Federal**

**A. Justin Gillette**  
Full Name (Last, First, Middle Initial)

Mailing Address 4605 1st Avenue S

City Minneapolis State MN Zip Code 55419-5601

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

Name of Employer American Medical Systems Occupation Risk Control

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **408**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2012**

**Transaction ID : 475390-903901-c**

Amount of Each Receipt this Period  
**42**

**B. Thomas Lowe**  
Full Name (Last, First, Middle Initial)

Mailing Address 2630 W Lafayette Road

City Excelsior State MN Zip Code 55331-9417

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 ▼ **1000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 26 / 2012**

**Transaction ID : 509241-905333-c**

Amount of Each Receipt this Period  
**1000**

**C. Richard Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 556 Rowland Street

City Tracy State MN Zip Code 56175-1154

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

Name of Employer Balaton Dental Clinic Occupation DENTIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 19 / 2012**

**Transaction ID : 35783-901070-c**

Amount of Each Receipt this Period  
**200**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1242.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. Chris Andryski**

Mailing Address 15037 Hillside Trail

City State Zip Code  
Savage MN 55378-3628

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

Name of Employer Occupation  
Minnesota Financial Solutions CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2012  
**Transaction ID : 192543-901373-c**

Amount of Each Receipt this Period  
500

Full Name (Last, First, Middle Initial)  
**B. Neil Vill**

Mailing Address 16403 Ringer Road

City State Zip Code  
Wayzata MN 55391-2060

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

Name of Employer Occupation  
World Data Products, Inc. President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2012  
**Transaction ID : 509239-905331-c**

Amount of Each Receipt this Period  
500

Full Name (Last, First, Middle Initial)  
**C. David Decker**

Mailing Address 6049 Davern Avenue NE

City State Zip Code  
Monticello MN 55362-3165

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 ▼  
325

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012  
**Transaction ID : 201825-902838-c**

Amount of Each Receipt this Period  
50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

**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: (check only one)	PAGE 38 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial) <b>A. Deanna Coudron</b>		Date of Receipt
Mailing Address 2429 320th Avenue		M M / D D / Y Y Y Y Y 11 / 13 / 2012
City Marshall State MN Zip Code 56258-5228		<b>Transaction ID : 8631-903888-c</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer J&R Computer Service Occupation Self Employed		<b>25</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<b>225</b>	

Full Name (Last, First, Middle Initial) <b>B. Thomas Nelson</b>		Date of Receipt
Mailing Address 4265 Cottonwood Lane		M M / D D / Y Y Y Y Y 10 / 29 / 2012
City Excelsior State MN Zip Code 55331-9328		<b>Transaction ID : 116846-902317-c</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer Twin Cities Orthopedic Occupation PHYSICIAN		<b>1000</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<b>1000</b>	

Full Name (Last, First, Middle Initial) <b>C. Daniel Martin</b>		Date of Receipt
Mailing Address RR 3 Box 115		M M / D D / Y Y Y Y Y 11 / 16 / 2012
City Carrollton State IL Zip Code 62016-9537		<b>Transaction ID : 489734-904237-c</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer None Occupation Retired		<b>100</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<b>300</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1125.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 39 OF 231  
(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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. David Decker**

Mailing Address 6049 Davern Avenue NE

City Monticello State MN Zip Code 55362-3165

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 ▼  
 325

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2012  
**Transaction ID : 201825-900742-c**

Amount of Each Receipt this Period  
 50

Full Name (Last, First, Middle Initial)  
**B. Charles Spevacek**

Mailing Address 33 S 6th Street Suite 4400

City Minneapolis State MN Zip Code 55402-3710

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

Name of Employer Occupation  
 Meagher & Geer, P.L.L.P. Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2012  
**Transaction ID : 61701-902065-c**

Amount of Each Receipt this Period  
 1000

Full Name (Last, First, Middle Initial)  
**c. John Gunelson**

Mailing Address 14840 Wellington Road

City Wayzata State MN Zip Code 55391-2418

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 ▼  
 220

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 13515-903446-c**

Amount of Each Receipt this Period  
 25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1075.00

**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 40 OF 231  
(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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. Cyril Denn**

Mailing Address 117 Cardinal Drive

City Mankato State MN Zip Code 56001-6711

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325**

Date of Receipt  
**10 / 29 / 2012**

**Transaction ID : 173603-902282-c**

Amount of Each Receipt this Period  
**50**

Full Name (Last, First, Middle Initial)  
**B. Marri Renne**

Mailing Address 7939 Ridge Road Apt. 10

City Nisswa State MN Zip Code 56468-8782

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

Name of Employer Self Occupation Realtor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225**

Date of Receipt  
**11 / 19 / 2012**

**Transaction ID : 497693-904429-c**

Amount of Each Receipt this Period  
**50**

Full Name (Last, First, Middle Initial)  
**C. Jonathan Grothe**

Mailing Address 1306 190th Avenue

City Hendrum State MN Zip Code 56550-9449

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 ▼ **275**

Date of Receipt  
**11 / 05 / 2012**

**Transaction ID : 211370-903335-c**

Amount of Each Receipt this Period  
**50**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**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: (check only one)	PAGE 41 OF 231
<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 - Federal**

**A. Kathy Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9277 Meridian Avenue S  
City Montrose State MN Zip Code 55363-8716  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **250**

Date of Receipt  
11 / 05 / 2012  
**Transaction ID : 27567-903304-c**  
Amount of Each Receipt this Period  
**75**

**B. Steven Knuth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 333 S 7th Street Suite 2250  
City Minneapolis State MN Zip Code 55402-2433  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Public Affairs Company PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **1000**

Date of Receipt  
11 / 01 / 2012  
**Transaction ID : 206526-902673-c**  
Amount of Each Receipt this Period  
**1000**

**C. Helen Tew**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8106 Highwood Drive Apt. Y121  
City Bloomington State MN Zip Code 55438-3042  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation None RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **235**

Date of Receipt  
11 / 09 / 2012  
**Transaction ID : 104976-903613-c**  
Amount of Each Receipt this Period  
**35**

**SUBTOTAL** of Receipts This Page (optional)..... **1110.00**  
**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: (check only one)	PAGE 42 OF 231
<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 - Federal**

**A. Walter Roberts**  
Full Name (Last, First, Middle Initial)

Mailing Address 1299 Black Oaks Court N  
Apt. D

City Plymouth State MN Zip Code 55447-3120

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225**

Date of Receipt  
11 / 07 / 2012  
**Transaction ID : 182589-903535-c**

Amount of Each Receipt this Period  
**75**

**B. James Leach**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 85

City Zimmerman State MN Zip Code 55398-0085

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

Name of Employer Self Employed Occupation Financial Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt  
11 / 01 / 2012  
**Transaction ID : 155972-902610-c**

Amount of Each Receipt this Period  
**50**

**C. Dennis Doyle**  
Full Name (Last, First, Middle Initial)

Mailing Address 9924 Dell Road

City Eden Prairie State MN Zip Code 55347-3523

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

Name of Employer Welsh Companies Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750**

Date of Receipt  
10 / 19 / 2012  
**Transaction ID : 4237-901034-c**

Amount of Each Receipt this Period  
**750**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>875.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

**A. Tani Austin**  
Full Name (Last, First, Middle Initial)

Mailing Address 6641 Beach Road

City Eden Prairie State MN Zip Code 55344-5230

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

Name of Employer None Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **7500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : 175191-902674-c**

Amount of Each Receipt this Period  
**5000**

**B. Malcolm McDonald**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 E Oaks Road

City North Oaks State MN Zip Code 55127-2527

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **806**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 29 / 2012**

**Transaction ID : 3360-902108-c**

Amount of Each Receipt this Period  
**84**

**C. Bruce Levahn**  
Full Name (Last, First, Middle Initial)

Mailing Address 5800 Saint Croix Avenue N Apt. C617

City Golden Valley State MN Zip Code 55422-4696

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1065**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2012**

**Transaction ID : 183829-900703-c**

Amount of Each Receipt this Period  
**100**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5184.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 231
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial) <b>A. Clifford Koltes</b>		Date of Receipt
Mailing Address 375 Cheyenne Trail		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City State Zip Code Wayzata MN 55391-9136		<b>Transaction ID : 16304-902483-c</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200"/>
Name of Employer Cbsa	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600"/>	

Full Name (Last, First, Middle Initial) <b>B. Ronald Moey</b>		Date of Receipt
Mailing Address 5229 27th Avenue S		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City State Zip Code Minneapolis MN 55417-1941		<b>Transaction ID : 28435-902099-c</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50"/>
Name of Employer Self	Occupation Drain Cleaner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250"/>	

Full Name (Last, First, Middle Initial) <b>C. Matt Ashley</b>		Date of Receipt
Mailing Address 5315 43rd Avenue S		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code Minneapolis MN 55417-2233		<b>Transaction ID : 504679-901586-c</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500"/>
Name of Employer Self-Triton Commerce	Occupation Web Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

**A. Tim Word**  
Full Name (Last, First, Middle Initial)  
Mailing Address 401 Torcido Drive  
City San Antonio State TX Zip Code 78209-5647  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Heavy Highway Construction Occupation Owner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450**

Date of Receipt **10 / 29 / 2012**  
**Transaction ID : 208632-902144-c**  
Amount of Each Receipt this Period **300**

**B. Wesley Moechnig**  
Full Name (Last, First, Middle Initial)  
Mailing Address 65409 287th Avenue  
City Lake City State MN Zip Code 55041-3709  
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 **270**

Date of Receipt **11 / 20 / 2012**  
**Transaction ID : 94563-904493-c**  
Amount of Each Receipt this Period **20**

**C. George Kinkead**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1905 Hunter Lane  
City Saint Paul State MN Zip Code 55118-4153  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Turfco Manufacturing Occupation Owner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350**

Date of Receipt **10 / 23 / 2012**  
**Transaction ID : 145444-901378-c**  
Amount of Each Receipt this Period **100**

**SUBTOTAL** of Receipts This Page (optional)..... **420.00**  
**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: (check only one)	PAGE 46 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

**A. Robert Tatreau**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 25072

City Saint Paul State MN Zip Code 55125-0072

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 02 / 2012**

**Transaction ID : 482121-902990-c**

Amount of Each Receipt this Period  
**150**

**B. Stephanie L Menning**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4416 16th Avenue S

City Minneapolis State MN Zip Code 55407-3602

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

Name of Employer Midwest Energy Association Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **588**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 22 / 2012**

**Transaction ID : 471431-901107-c**

Amount of Each Receipt this Period  
**84**

**C. John Pederson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13 77th Avenue NE

City Minneapolis State MN Zip Code 55432-2539

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 ▼ **250**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2012**

**Transaction ID : 504655-901562-c**

Amount of Each Receipt this Period  
**250**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>484.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

**A. Kurt Daudt**  
Full Name (Last, First, Middle Initial)

Mailing Address 31840 Lakeway Drive NE

City Cambridge State MN Zip Code 55008-6748

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

Name of Employer Buerkle Acura Isuzu Occupation Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2012**

**Transaction ID : 498588-900718-c**

Amount of Each Receipt this Period  
**250**

**B. Daniel Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 7th Street SW

City Plainview State MN Zip Code 55964-1170

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

Name of Employer Tom Kaeller Honda Occupation Parts Department Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : 475953-902727-c**

Amount of Each Receipt this Period  
**30**

**C. Kevin Schooler**  
Full Name (Last, First, Middle Initial)

Mailing Address 5341 Empire Lane N

City Plymouth State MN Zip Code 55446-3723

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

Name of Employer State of MN Occupation Criminal Intelligence Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 26 / 2012**

**Transaction ID : 185824-902043-c**

Amount of Each Receipt this Period  
**100**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>380.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

**A. Charles Boan**  
Full Name (Last, First, Middle Initial)

Mailing Address 18959 Ironriver Court

City Lakeville State MN Zip Code 55044-4407

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

Name of Employer Flint Hills Resources Occupation General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000

Date of Receipt  
10 / 19 / 2012  
**Transaction ID : 504086-901042-c**

Amount of Each Receipt this Period  
1000

**B. Jennifer Niska**  
Full Name (Last, First, Middle Initial)

Mailing Address 5766 162nd Crossing NW

City Anoka State MN Zip Code 55303-4882

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

Name of Employer Emmer for Governor Occupation SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 386

Date of Receipt  
10 / 29 / 2012  
**Transaction ID : 186249-902109-c**

Amount of Each Receipt this Period  
42

**C. Walter Roberts**  
Full Name (Last, First, Middle Initial)

Mailing Address 1299 Black Oaks Court N Apt. D

City Plymouth State MN Zip Code 55447-3120

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225

Date of Receipt  
11 / 05 / 2012  
**Transaction ID : 182589-903260-c**

Amount of Each Receipt this Period  
75

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1117.00

**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: (check only one)	PAGE 49 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

Full Name (Last, First, Middle Initial) <b>A. Andrew Redleaf</b>		Date of Receipt MM / DD / YYYY 11 / 02 / 2012 <b>Transaction ID : 506381-903046-c</b>
Mailing Address 3033 Excelsior Boulevard Suite 300		Amount of Each Receipt this Period 10000
City Minneapolis	State MN	
Zip Code 55416-4675		Aggregate Year-to-Date ▼ 10000
FEC ID number of contributing federal political committee. C		
Name of Employer Whitebox Advisors	Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 10000		

Full Name (Last, First, Middle Initial) <b>B. Joseph Mullin</b>		Date of Receipt MM / DD / YYYY 10 / 26 / 2012 <b>Transaction ID : 209908-901909-c</b>
Mailing Address 16477 Jordan Avenue		Amount of Each Receipt this Period 75
City Jordan	State MN	
Zip Code 55352-9378		Aggregate Year-to-Date ▼ 225
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 225		

Full Name (Last, First, Middle Initial) <b>C. Barbara Richardson</b>		Date of Receipt MM / DD / YYYY 11 / 06 / 2012 <b>Transaction ID : 9107-903369-c</b>
Mailing Address 66 9th Street E Unit 2405		Amount of Each Receipt this Period 200
City Saint Paul	State MN	
Zip Code 55101-2277		Aggregate Year-to-Date ▼ 450
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation RETIRED	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 450		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

**A. David Kalscheur**  
Full Name (Last, First, Middle Initial)

Mailing Address 9541 219th Street E

City Lakeville State MN Zip Code 55044-8441

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

Name of Employer Marshall W Nelson & Associat Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 02 / 2012**

**Transaction ID : 31443-902787-c**

Amount of Each Receipt this Period  
**50**

**B. Aaron Mielke**  
Full Name (Last, First, Middle Initial)

Mailing Address 9341 Syndicate Avenue

City Bloomington State MN Zip Code 55420-3607

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

Name of Employer Barr Engineering Company. Occupation Environmental Scientist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 09 / 2012**

**Transaction ID : 197744-903687-c**

Amount of Each Receipt this Period  
**42**

**C. Cory Hoepner**  
Full Name (Last, First, Middle Initial)

Mailing Address 4836 Harriet Avenue

City Minneapolis State MN Zip Code 55419-5436

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

Name of Employer RBC Capital Mkts Occupation Investment Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : 505877-902601-c**

Amount of Each Receipt this Period  
**1000**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1092.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

Full Name (Last, First, Middle Initial) <b>A. Timothy Buffham</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012 <b>Transaction ID : 485253-902035-c</b>
Mailing Address 13000 June Terrace		Amount of Each Receipt this Period 100
City Hopkins	State MN	Zip Code 55305-2740
FEC ID number of contributing federal political committee.	C	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800	

Full Name (Last, First, Middle Initial) <b>B. Brahim Zabeli</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012 <b>Transaction ID : 180641-900732-c</b>
Mailing Address 25655 Maple View Court		Amount of Each Receipt this Period 100
City Excelsior	State MN	Zip Code 55331-7977
FEC ID number of contributing federal political committee.	C	
Name of Employer Information Requested	Occupation Marketing Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300	

Full Name (Last, First, Middle Initial) <b>C. Angelina Gagner</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 202926-900916-c</b>
Mailing Address 1008 17th Street SE		Amount of Each Receipt this Period 50
City Forest Lake	State MN	Zip Code 55025-2022
FEC ID number of contributing federal political committee.	C	
Name of Employer None	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 - Federal**

Full Name (Last, First, Middle Initial) <b>A. Robert Naegele</b>		Date of Receipt
Mailing Address 901 Marquette Avenue		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : 181472-901035-c</b>
Minneapolis	MN	Amount of Each Receipt this Period
Zip Code		<input type="text" value="7500"/>
55402-3248		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Naegele Communications	PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="7500"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kathy Lohmer</b>		Date of Receipt
Mailing Address 8199 Hill Trail N		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : 509248-905340-c</b>
Lake Elmo	MN	Amount of Each Receipt this Period
Zip Code		<input type="text" value="250"/>
55042-9535		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
State of MN	Legislator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Clyde Roers</b>		Date of Receipt
Mailing Address 24642 Mound Road		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : 223124-903562-c</b>
Fergus Falls	MN	Amount of Each Receipt this Period
Zip Code		<input type="text" value="50"/>
56537-8275		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="235"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="7800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

Full Name (Last, First, Middle Initial) <b>A. Floyd Jaehnert</b>		Date of Receipt
Mailing Address 1679 Atlantic Street		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Saint Paul	MN	55106-1105
FEC ID number of contributing federal political committee.		Transaction ID : <b>509309-905401-c</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Gopher Pattern Works		<input type="text" value="250"/>
Occupation Owner/manager		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Arden Johnson</b>		Date of Receipt
Mailing Address 15521 Oakhill Road N		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Scandia	MN	55073-9440
FEC ID number of contributing federal political committee.		Transaction ID : <b>75034-901582-c</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Information Requested		<input type="text" value="50"/>
Occupation Information Requested		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John Gunelson</b>		Date of Receipt
Mailing Address 14840 Wellington Road		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code
Wayzata	MN	55391-2418
FEC ID number of contributing federal political committee.		Transaction ID : <b>13515-900764-c</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Information Requested		<input type="text" value="50"/>
Occupation Information Requested		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

**A. Patricia Hovanetz**  
Full Name (Last, First, Middle Initial)

Mailing Address 2635 160th Lane NE

City Ham Lake State MN Zip Code 55304-5808

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2012**

**Transaction ID : 139912-903063-c**

Amount of Each Receipt this Period  
**75**

**B. Helen Tew**  
Full Name (Last, First, Middle Initial)

Mailing Address 8106 Highwood Drive Apt. Y121

City Bloomington State MN Zip Code 55438-3042

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2012**

**Transaction ID : 104976-900701-c**

Amount of Each Receipt this Period  
**50**

**C. Michael Musty**  
Full Name (Last, First, Middle Initial)

Mailing Address 10710 Pine Beach Peninsula Loop

City East Gull Lake State MN Zip Code 56401-2027

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

Name of Employer Brainerd Internal Medicine Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2012**

**Transaction ID : 505945-903140-c**

Amount of Each Receipt this Period  
**25**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 OF 231  
(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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. Ada Strassenburgh**

Mailing Address PO Box 608

City State Zip Code  
Ocean View NJ 08230-0608

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

Name of Employer Occupation  
None RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300**

Date of Receipt  
**11 / 14 / 2012**

**Transaction ID : 182800-903976-c**

Amount of Each Receipt this Period  
**100**

Full Name (Last, First, Middle Initial)  
**B. Robert Kierlin**

Mailing Address PO Box 978

City State Zip Code  
Winona MN 55987-0978

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

Name of Employer Occupation  
Fastenal CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000**

Date of Receipt  
**10 / 25 / 2012**

**Transaction ID : 180752-901887-c**

Amount of Each Receipt this Period  
**5000**

Full Name (Last, First, Middle Initial)  
**C. James Leach**

Mailing Address PO Box 85

City State Zip Code  
Zimmerman MN 55398-0085

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

Name of Employer Occupation  
Self Employed Financial Services

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250**

Date of Receipt  
**11 / 08 / 2012**

**Transaction ID : 155972-903567-c**

Amount of Each Receipt this Period  
**50**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **5150.00**

**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: (check only one)	PAGE 56 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

**A. Erik Freed**  
Full Name (Last, First, Middle Initial)

Mailing Address 1546 17th Avenue NW

City Saint Paul State MN Zip Code 55112-5551

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

Name of Employer Primordial, Inc. Occupation Software Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250

Date of Receipt 11 / 13 / 2012  
**Transaction ID : 509346-905438-c**

Amount of Each Receipt this Period 250

**B. Kimberly Crockett**  
Full Name (Last, First, Middle Initial)

Mailing Address 17900 Shavers Lake Drive

City Wayzata State MN Zip Code 55391-3333

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

Name of Employer Tcf Bank Occupation ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840

Date of Receipt 10 / 24 / 2012  
**Transaction ID : 100565-901608-c**

Amount of Each Receipt this Period 84

**C. Fatima Franzen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1830 Switchgrass Lane

City Shakopee State MN Zip Code 55379-4596

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

Name of Employer None Occupation HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220

Date of Receipt 11 / 26 / 2012  
**Transaction ID : 174144-904733-c**

Amount of Each Receipt this Period 60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 394.00

**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 57 OF 231  
(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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. Dianne Pellissier**

Mailing Address 15278 El Soneto Drive

City Whittier State CA Zip Code 90605-1645

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

Name of Employer Occupation  
 None Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700

Date of Receipt  
 11 / 23 / 2012  
**Transaction ID : 207621-904730-c**

Amount of Each Receipt this Period  
 200

Full Name (Last, First, Middle Initial)  
**B. Karl Bickler**

Mailing Address 230 Mountain Way

City Chanhassen State MN Zip Code 55317-9111

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

Name of Employer Occupation  
 Venture Beta Inc. Business Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300

Date of Receipt  
 10 / 19 / 2012  
**Transaction ID : 121553-900924-c**

Amount of Each Receipt this Period  
 50

Full Name (Last, First, Middle Initial)  
**C. Kathy Johnson**

Mailing Address 9277 Meridian Avenue S

City Montrose State MN Zip Code 55363-8716

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 ▼  
 250

Date of Receipt  
 10 / 22 / 2012  
**Transaction ID : 27567-901159-c**

Amount of Each Receipt this Period  
 75

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

**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: (check only one)	PAGE 58 OF 231
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

**A. James Engen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5421 Golfview Court N  
 City State Zip Code  
 Oakdale MN 55128-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Real Estate Appraiser  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2012  
**Transaction ID : 220641-903889-c**  
 Amount of Each Receipt this Period  
 100

**B. Charles Robbins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 Duck Pond Drive  
 City State Zip Code  
 Saint Paul MN 55118-4440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Magenic Software Consultant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012  
**Transaction ID : 498644-903126-c**  
 Amount of Each Receipt this Period  
 150

**c. Carla Shutrop**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 338 6th Avenue W  
 City State Zip Code  
 Shakopee MN 55379-2321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Shakopee School District #72 Chairman  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012  
**Transaction ID : 33981-901758-c**  
 Amount of Each Receipt this Period  
 42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	292.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

**A. Kristin Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8719 Flamingo Drive

City Chanhassen State MN Zip Code 55317-8544

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

Name of Employer Silbaugh & Associates Occupation Financial Planner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300**

Date of Receipt  
11 / 14 / 2012  
**Transaction ID : 97597-903979-c**

Amount of Each Receipt this Period  
**50**

**B. Donovan McCain**  
Full Name (Last, First, Middle Initial)

Mailing Address 453 Portland Avenue

City Saint Paul State MN Zip Code 55102-2216

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

Name of Employer Self Occupation Property Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  
10 / 25 / 2012  
**Transaction ID : 222288-901867-c**

Amount of Each Receipt this Period  
**1000**

**C. Arden Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 15521 Oakhill Road N

City Scandia State MN Zip Code 55073-9440

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 ▼ **250**

Date of Receipt  
11 / 12 / 2012  
**Transaction ID : 75034-903811-c**

Amount of Each Receipt this Period  
**50**

**SUBTOTAL** of Receipts This Page (optional)..... **1100.00**

**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: (check only one)	PAGE 60 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 - Federal**

Full Name (Last, First, Middle Initial)  
**A. Henry Soenneker**

Mailing Address **PO Box 72**

City **Bluffton** State **MN** Zip Code **56518-0072**

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

Name of Employer **None** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225**

Date of Receipt  
**11 / 09 / 2012**  
**Transaction ID : 183036-903754-c**

Amount of Each Receipt this Period  
**50**

Full Name (Last, First, Middle Initial)  
**B. David Anderson**

Mailing Address **PO Box 44504**

City **Eden Prairie** State **MN** Zip Code **55344-1504**

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

Name of Employer **Self** Occupation **Lawyer**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1080**

Date of Receipt  
**10 / 25 / 2012**  
**Transaction ID : 26983-901869-c**

Amount of Each Receipt this Period  
**1000**

Full Name (Last, First, Middle Initial)  
**c. John M Balay**

Mailing Address **4625 Bruce Avenue**

City **Edina** State **MN** Zip Code **55424-1124**

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

Name of Employer **Cargill, Inc.** Occupation **Manager**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  
**11 / 07 / 2012**  
**Transaction ID : 179770-903539-c**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2050.00**

**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: (check only one)	PAGE 61 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 - Federal**

**A. David Arnold**  
Full Name (Last, First, Middle Initial)

Mailing Address 1853 Edgewood Road

City Winona State MN Zip Code 55987-2106

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

Name of Employer DCM Tech Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 29 / 2012**

**Transaction ID : 63582-902318-c**

Amount of Each Receipt this Period  
**2500**

**B. Keith Kostuch**  
Full Name (Last, First, Middle Initial)

Mailing Address 4511 Lakeview Drive

City Minneapolis State MN Zip Code 55424-1517

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

Name of Employer Self Occupation Consultant/Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2012**

**Transaction ID : 509273-905365-c**

Amount of Each Receipt this Period  
**1500**

**C. Kimberly Crockett**  
Full Name (Last, First, Middle Initial)

Mailing Address 17900 Shavers Lake Drive

City Wayzata State MN Zip Code 55391-3333

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

Name of Employer Tcf Bank Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 26 / 2012**

**Transaction ID : 100565-904739-c**

Amount of Each Receipt this Period  
**84**

**SUBTOTAL** of Receipts This Page (optional)..... **4084.00**

**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: (check only one)	PAGE 62 OF 231
<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 - Federal**

**A. Deanna Coudron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2429 320th Avenue  
City Marshall State MN Zip Code 56258-5228  
FEC ID number of contributing federal political committee. **C**  
Name of Employer J&R Computer Service Occupation Self Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **225**

Date of Receipt **11 / 02 / 2012**  
**Transaction ID : 8631-902923-c**  
Amount of Each Receipt this Period **50**

**B. Paul T Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18915 39th Avenue N  
City Plymouth State MN Zip Code 55446-2832  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Christian Foundatio Occupation Executive Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **420**

Date of Receipt **10 / 22 / 2012**  
**Transaction ID : 223677-901088-c**  
Amount of Each Receipt this Period **42**

**C. Joseph Westrup**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1233 Driving Park Road  
City Stillwater State MN Zip Code 55082-3719  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Financial Divisions Grp Inc. Occupation Certified Financial Planner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **250**

Date of Receipt **11 / 01 / 2012**  
**Transaction ID : 214671-902759-c**  
Amount of Each Receipt this Period **250**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>342.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

**A. Michael Musty**  
Full Name (Last, First, Middle Initial)

Mailing Address 10710 Pine Beach Peninsula Loop

City East Gull Lake State MN Zip Code 56401-2027

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

Name of Employer Brainerd Internal Medicine Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230**

Date of Receipt **11 / 01 / 2012**

**Transaction ID : 505945-902669-c**

Amount of Each Receipt this Period **25**

**B. Angelina Gagner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1008 17th Street SE

City Forest Lake State MN Zip Code 55025-2022

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

Name of Employer None Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275**

Date of Receipt **11 / 05 / 2012**

**Transaction ID : 202926-903091-c**

Amount of Each Receipt this Period **25**

**C. Rick Leggott**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Spur Road

City Edina State MN Zip Code 55436-1356

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

Name of Employer Arbor Capitol Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000**

Date of Receipt **10 / 18 / 2012**

**Transaction ID : 199224-900773-c**

Amount of Each Receipt this Period **5000**

**SUBTOTAL** of Receipts This Page (optional)..... **5050.00**

**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 64 OF 231  
(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 - Federal**

**A. Robert Kruse**  
Full Name (Last, First, Middle Initial)

Mailing Address 3972 189th Avenue NW

City New London	State MN	Zip Code 56273-8640
--------------------	-------------	------------------------

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

Name of Employer Parkview Ford	Occupation Retail Sales
-----------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	02	/	2012

**Transaction ID : 183731-902916-c**

Amount of Each Receipt this Period  
1000

**B.**  
Full Name (Last, First, Middle Initial)

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

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

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	100358.50



**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 65 OF 231
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 - Federal**

Full Name (Last, First, Middle Initial) <b>A. Friends of Erik Paulsen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012 <b>Transaction ID : 454287-902319-c</b>
Mailing Address PO Box 44369		Amount of Each Receipt this Period 5000
City Eden Prairie	State MN	Zip Code 55344-1369
FEC ID number of contributing federal political committee. C C00439661	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000	

Full Name (Last, First, Middle Initial) <b>B. Reinventing A New Direction - RANDPAC</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012 <b>Transaction ID : 503838-900854-c</b>
Mailing Address PO Box 72598		Amount of Each Receipt this Period 5000
City Newport	State KY	Zip Code 41072-0598
FEC ID number of contributing federal political committee. C C00493924	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000	

Full Name (Last, First, Middle Initial) <b>C. Michele PAC</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012 <b>Transaction ID : 452394-902477-c</b>
Mailing Address PO Box 251190		Amount of Each Receipt this Period 5000
City Woodbury	State MN	Zip Code 55125-6190
FEC ID number of contributing federal political committee. C C00486738	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 231
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 - Federal**

**A. Bachmann for Congress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 25950  
 City Woodbury State MN Zip Code 55125-0950  
 FEC ID number of contributing federal political committee. **C** C00410118  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 41500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2012  
**Transaction ID : 449710-903157-c**  
 Amount of Each Receipt this Period  
 40000

**B. The GlaxoSmithKline PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5567 Bristol Lane  
 City Minnetonka State MN Zip Code 55343-4307  
 FEC ID number of contributing federal political committee. **C** C00199703  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2012  
**Transaction ID : 402074-901886-c**  
 Amount of Each Receipt this Period  
 1000

**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 M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	56000.00

**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 67 OF 231
<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 - Federal**

Full Name (Last, First, Middle Initial) <b>A. Republican National Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2012 <b>Transaction ID : 475935-904531-c</b>
Mailing Address 310 1st Street SE		Amount of Each Receipt this Period 8000
City Washington	State DC	Zip Code 20003-1885
FEC ID number of contributing federal political committee.	C C00003418	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228831	

Full Name (Last, First, Middle Initial) <b>B. Second Congressional Republican District</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2012 <b>Transaction ID : 429103-901730-c</b>
Mailing Address 101 W Burnsville Parkway Suite 204		Amount of Each Receipt this Period 4000
City Burnsville	State MN	Zip Code 55337-2572
FEC ID number of contributing federal political committee.	C C00453076	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5251	

Full Name (Last, First, Middle Initial) <b>C. Republican National Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2012 <b>Transaction ID : 475935-904051-c</b>
Mailing Address 310 1st Street SE		Amount of Each Receipt this Period 120000
City Washington	State DC	Zip Code 20003-1885
FEC ID number of contributing federal political committee.	C C00003418	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228831	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	132000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 231
<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 - Federal**

**A. Eighth Congressional Republican District**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 302 Chestnut Street  
 Suite 516  
 City Virginia State MN Zip Code 55792-5609  
 FEC ID number of contributing federal political committee. **C** C00361485  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012  
**Transaction ID : 403047-902313-c**  
 Amount of Each Receipt this Period  
 2500

**B. Kline For Congress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 W Burnsville Parkway  
 Suite 104  
 City Burnsville State MN Zip Code 55337-2571  
 FEC ID number of contributing federal political committee. **C** C00326629  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15098

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : 425366-901610-c**  
 Amount of Each Receipt this Period  
 10000

**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 Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	144500.00

**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 69 OF 231
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 - Federal**

**A. US Post Office**  
Full Name (Last, First, Middle Initial)  
Mailing Address 401 Kellogg Boulevard E  
City Saint Paul State MN Zip Code 55101-1427  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2012.77

Date of Receipt  
10 / 25 / 2012  
**Transaction ID : 428494-904508-e**  
Amount of Each Receipt this Period 373.95  
NOTE: Business Reply Mail Refund

**B. Minneapolis Hilton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1001 Marquette Avenue  
City Minneapolis State MN Zip Code 55403-2418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2230.32

Date of Receipt  
11 / 05 / 2012  
**Transaction ID : 403410-904586-e**  
Amount of Each Receipt this Period 301.32  
NOTE: Vendor Refund

**C. US Post Office**  
Full Name (Last, First, Middle Initial)  
Mailing Address 401 Kellogg Boulevard E  
City Saint Paul State MN Zip Code 55101-1427  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2012.77

Date of Receipt  
10 / 29 / 2012  
**Transaction ID : 428494-904509-e**  
Amount of Each Receipt this Period 440.24  
NOTE: BRE REFUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1115.51
<b>TOTAL</b> This Period (last page this line number only).....▶	1115.51

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial) <b>A. Ronald Huettl</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2012
Mailing Address 1905 Bluestem Lane		<b>Transaction ID : SB21B174233904284e</b>
City Shoreview	State MN	
Purpose of Disbursement Postage Reimbursement	Candidate Name	Amount of Each Disbursement this Period 71.17
Category/Type 001		
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 checked="" type="checkbox"/> Other (specify) ▼	Retire Debt -
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Post Office</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2012
Mailing Address 401 Kellogg Boulevard E		<b>Transaction ID : SB21B428494848733V</b>
City Saint Paul	State MN	
Purpose of Disbursement Postage	Candidate Name	Amount of Each Disbursement this Period 18.95
Category/Type 001		
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 checked="" type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Ronald Huettl ( 11/08/12 )
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Alliance Bank</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2012
Mailing Address 444 Cedar Street		<b>Transaction ID : SB21B400292904282e</b>
City Saint Paul	State MN	
Purpose of Disbursement Interest payment on loan	Candidate Name	Amount of Each Disbursement this Period 495.77
Category/Type 001		
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 checked="" type="checkbox"/> Other (specify) ▼	Retire Debt -
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	566.94
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Pat Shortridge**

Mailing Address 1505 Osprey Court

City Lino Lakes State MN Zip Code 55038-4607

Purpose of Disbursement  
Mileage Reimbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2012

Transaction ID : **SB21B218468904283e**

Amount of Each Disbursement this Period

770

Full Name (Last, First, Middle Initial)

**B. Paysimple Inc.**

Mailing Address 1433 17th Street  
Suite 300

City Houston State TX Zip Code 77070

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2012

Transaction ID : **SB21B419131904208e**

Amount of Each Disbursement this Period

40.9

Full Name (Last, First, Middle Initial)

**C. Anchor Paper Co.**

Mailing Address 480 Broadway Street

City Saint Paul State MN Zip Code 55101-2410

Purpose of Disbursement  
Envelopes

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2010

Transaction ID : **SB21B409622848842V**

Amount of Each Disbursement this Period

468

**[MEMO ITEM]**  
Subitemization of Cardmember Services ( 11/01/12 )

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

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

810.90

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Cardmember Services**

Mailing Address PO Box 790408

City State Zip Code  
Saint Louis MO 63179-0408

Purpose of Disbursement  
Credit Card Purchases

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2012

Transaction ID : **SB21B416853904279e**

Amount of Each Disbursement this Period

468

Full Name (Last, First, Middle Initial)

**B. Alliance Bank**

Mailing Address 444 Cedar Street

City State Zip Code  
Saint Paul MN 55101-2179

Purpose of Disbursement  
Service Analysis Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2012

Transaction ID : **SB21B400292904836e**

Amount of Each Disbursement this Period

565.69

Full Name (Last, First, Middle Initial)

**C. P2b Strategies, Inc**

Mailing Address 4750 E 53rd Street  
Apt. 206

City State Zip Code  
Minneapolis MN 55417-2357

Purpose of Disbursement  
Mail Design & Printing

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

Transaction ID : **SB21B425370904599e**

Amount of Each Disbursement this Period

1950

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

2983.69

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Christian Darouni**

Mailing Address 758 Reaney Avenue

City State Zip Code  
Saint Paul MN 55106-4442

Purpose of Disbursement  
Office Supplies Reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B176787904273e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Target - Roseville**

Mailing Address 1515 County Road B W

City State Zip Code  
Saint Paul MN 55113-6005

Purpose of Disbursement  
Office Supplies

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B455234848729V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Christian Darouni ( 11/05/12 )

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 1210 Northland Drive  
Suite 100

City State Zip Code  
Saint Paul MN 55120-1181

Purpose of Disbursement  
Payroll Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Date of Disbursement

/  /

**Transaction ID : SB21B418908904207e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Coffee Mill, Inc.**

Mailing Address 9200 Wyoming Ave North  
Suite 300

City Brooklyn Park State MN Zip Code 55445-1845

Purpose of Disbursement  
Water Cooler Rental

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B456039899212e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. FLS Connect**

Mailing Address 7300 Hudson Boulevard N  
Suite 270

City Saint Paul State MN Zip Code 55128-7143

Purpose of Disbursement  
Get out the vote phone services

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Date of Disbursement

/  /

**Transaction ID : SB21B404055904588e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Poor Richards's Commonhouse**

Mailing Address 8301 Normandale Boulevard

City Minneapolis State MN Zip Code 55437-1047

Purpose of Disbursement  
Catering

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B507825904269e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Joel Cary**

Mailing Address 12809 44th PI NE

City State Zip Code  
Saint Michael MN 55376-3030

Purpose of Disbursement  
IT Equipment Reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B173167901540e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. American Express Financial**

Mailing Address P.O Box 5167

City State Zip Code  
Westborough MA 01581

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Date of Disbursement

/  /

**Transaction ID : SB21B402817904837e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Dell USA LP**

Mailing Address 1 Dell Way

City State Zip Code  
Round Rock TX 78682-7000

Purpose of Disbursement  
Computer Equipment

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B243273848711V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Joel Cary ( 10/19/12 )

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Joel Cary**

Mailing Address 12809 44th PI NE

City State Zip Code  
Saint Michael MN 55376-3030

Purpose of Disbursement  
Equipment Purchase Reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B173167901538e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paysimple Inc.**

Mailing Address 1433 17th Street  
Suite 300

City State Zip Code  
Houston TX 77070

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B419131904211e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Minneapolis Club**

Mailing Address 729 2nd Avenue S

City State Zip Code  
Minneapolis MN 55402-2405

Purpose of Disbursement  
Meals

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Date of Disbursement

/  /

**Transaction ID : SB21B401259888396e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Clientserv, LLC**

Mailing Address 7201 Juniper Avenue

City Excelsior State MN Zip Code 55331-9614

Purpose of Disbursement  
Cobra Service Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B406358896742e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Alliance Bank**

Mailing Address 444 Cedar Street

City Saint Paul State MN Zip Code 55101-2179

Purpose of Disbursement  
Service Analysis Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B400292904064e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Shanna Woodbury Consulting, LLC**

Mailing Address PO Box 120697

City Saint Paul State MN Zip Code 55112-0022

Purpose of Disbursement  
Party Fundraising Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B478810904272e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. T-Mobile**

Mailing Address PO Box 37380

City Albuquerque State NM Zip Code 87176-7380

Purpose of Disbursement  
Cell Phone

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

/  /

**Transaction ID : SB21B477803848732V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of William Hastreiter ( 11/08/12 )

Full Name (Last, First, Middle Initial)

**B. William Hastreiter**

Mailing Address 580 Grand Avenue  
Apt. 2

City Saint Paul State MN Zip Code 55102-2687

Purpose of Disbursement  
Travel Reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

/  /

**Transaction ID : SB21B222320904281e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. William Hastreiter**

Mailing Address 580 Grand Avenue  
Apt. 2

City Saint Paul State MN Zip Code 55102-2687

Purpose of Disbursement  
Mileage Reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

/  /

**Transaction ID : SB21B222320848731V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of William Hastreiter ( 11/08/12 )

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Southwest Publishing**

Mailing Address 2600 NW Topeka Boulevard

City Topeka State KS Zip Code 66617-1160

Purpose of Disbursement  
Party Mailhouse Printing

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

Transaction ID : SB21B414484904590e

Amount of Each Disbursement this Period

1200

Full Name (Last, First, Middle Initial)

**B. Hub Properties Trust**

Mailing Address Reit Management Research  
330 2nd. Ave. S Suite 110

City Minneapolis State MN Zip Code 55401

Purpose of Disbursement  
Party Office Rent

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2012

Transaction ID : SB21B403860888395e

Amount of Each Disbursement this Period

1304.22

Full Name (Last, First, Middle Initial)

**C. US Post Office**

Mailing Address 401 Kellogg Boulevard E

City Saint Paul State MN Zip Code 55101-1427

Purpose of Disbursement  
Postage

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2012

Transaction ID : SB21B428494904217e

Amount of Each Disbursement this Period

900

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

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

3404.22

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Election Mall Technology**

Mailing Address 1101 Pennsylvania Avenue NW  
Floor 6

City Washington State DC Zip Code 20004-2544

Purpose of Disbursement  
Online fundraising fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

/  /

**Transaction ID : SB21B427662904210e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. US Post Office**

Mailing Address 401 Kellogg Boulevard E

City Saint Paul State MN Zip Code 55101-1427

Purpose of Disbursement  
Postage

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement

/  /

**Transaction ID : SB21B428494904268e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Election Mall Technology**

Mailing Address 1101 Pennsylvania Avenue NW  
Floor 6

City Washington State DC Zip Code 20004-2544

Purpose of Disbursement  
Online fundraising fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement

/  /

**Transaction ID : SB21B427662904216e**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Rally**

Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

Transaction ID : **SB21B496069905059e**

Amount of Each Disbursement this Period

186.59

Full Name (Last, First, Middle Initial)

**B. Trimble & Associates**

Mailing Address 10210 WAYZATA BLVD  
SUITE 130

City Hopkins State MN Zip Code 55305

Purpose of Disbursement  
Legal Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

Transaction ID : **SB21B401300904591e**

Amount of Each Disbursement this Period

1019.73

Full Name (Last, First, Middle Initial)

**C. Clientserv, LLC**

Mailing Address 7201 Juniper Avenue

City Excelsior State MN Zip Code 55331-9614

Purpose of Disbursement  
Cobra Service Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2012

Transaction ID : **SB21B406358883027e**

Amount of Each Disbursement this Period

12.17

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

1218.49

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Election Mall Technology**

Mailing Address 1101 Pennsylvania Avenue NW  
Floor 6

City Washington State DC Zip Code 20004-2544

Purpose of Disbursement  
Online fundraising fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

Transaction ID : SB21B427662904602e

Amount of Each Disbursement this Period

34.21

Full Name (Last, First, Middle Initial)

**B. The Pilgrim Company**

Mailing Address 8040 Groveland Road

City Saint Paul State MN Zip Code 55112-5811

Purpose of Disbursement  
IT Equipment

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

Transaction ID : SB21B441839904600e

Amount of Each Disbursement this Period

3166.17

Full Name (Last, First, Middle Initial)

**C. Election Mall Technology**

Mailing Address 1101 Pennsylvania Avenue NW  
Floor 6

City Washington State DC Zip Code 20004-2544

Purpose of Disbursement  
Online Fundraising Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2012

Transaction ID : SB21B427662904587e

Amount of Each Disbursement this Period

22.96

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

3223.34

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. US Post Office**

Mailing Address 401 Kellogg Boulevard E

City State Zip Code  
Saint Paul MN 55101-1427

Purpose of Disbursement  
Party fundraising postage

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

/  /

Transaction ID : **SB21B428494904603e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Barbara Linert**

Mailing Address 4282 Braddock Trail

City State Zip Code  
Eagan MN 55123-1941

Purpose of Disbursement  
Office Supplies Reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

/  /

Transaction ID : **SB21B130199904449e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Minneapolis Club**

Mailing Address 729 2nd Avenue S

City State Zip Code  
Minneapolis MN 55402-2405

Purpose of Disbursement  
Meals & Beverages

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

/  /

Transaction ID : **SB21B401259877133e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Charter Communications**

Mailing Address 16900 Cedar Avenue S  
Suite 1

City Rosemount State MN Zip Code 55068-5129

Purpose of Disbursement  
Internet

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

Transaction ID : SB21B227053848735V

Amount of Each Disbursement this Period

99.99

[MEMO ITEM]

Subitemization of Joel Cary ( 11/08/12 )

Full Name (Last, First, Middle Initial)

**B. Go Daddy.com**

Mailing Address 14455 N Hayden Road  
Suite 219

City Scottsdale State AZ Zip Code 85260-6993

Purpose of Disbursement  
Domain name registration

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

Transaction ID : SB21B407317848736V

Amount of Each Disbursement this Period

20.16

[MEMO ITEM]

Subitemization of Joel Cary ( 11/08/12 )

Full Name (Last, First, Middle Initial)

**C. Google.com**

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Google apps

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2012

Transaction ID : SB21B497312848738V

Amount of Each Disbursement this Period

166.44

[MEMO ITEM]

Subitemization of Joel Cary ( 11/08/12 )

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Joel Cary**

Mailing Address 12809 44th PI NE

City State Zip Code  
Saint Michael MN 55376-3030

Purpose of Disbursement  
Internet Reimbursements

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2012			

Transaction ID : SB21B173167904445e

Amount of Each Disbursement this Period

1355.34
---------

Full Name (Last, First, Middle Initial)

**B. Digium**

Mailing Address 445 Jan Davis Drive NW

City State Zip Code  
Huntsville AL 35806-4540

Purpose of Disbursement  
Software licensing

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : SB21B508044848737V

Amount of Each Disbursement this Period

1068.75
---------

[MEMO ITEM]

Subitemization of Joel Cary ( 11/08/12 )

Full Name (Last, First, Middle Initial)

**C. Minneapolis Club**

Mailing Address 729 2nd Avenue S

City State Zip Code  
Minneapolis MN 55402-2405

Purpose of Disbursement  
Facility Rental

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2012			

Transaction ID : SB21B401259870991e

Amount of Each Disbursement this Period

305.04
--------

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

1660.38
---------

**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 Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Christian Darouni**

Mailing Address 758 Reaney Avenue

City State Zip Code  
Saint Paul MN 55106-4442

Purpose of Disbursement  
Office Supplies Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

Transaction ID : SB21B176787904845e

Amount of Each Disbursement this Period

64.15

Full Name (Last, First, Middle Initial)

**B. Target - Roseville**

Mailing Address 1515 County Road B W

City State Zip Code  
Saint Paul MN 55113-6005

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

Transaction ID : SB21B455234848834V

Amount of Each Disbursement this Period

64.15

[MEMO ITEM]

Subitemization of Christian Darouni ( 11/19/12 )

Full Name (Last, First, Middle Initial)

**C. William Hastreiter**

Mailing Address 580 Grand Avenue  
Apt. 2

City State Zip Code  
Saint Paul MN 55102-2687

Purpose of Disbursement  
Mileage Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2012

Transaction ID : SB21B222320848712V

Amount of Each Disbursement this Period

90.47

[MEMO ITEM]

Subitemization of William Hastreiter ( 10/19/12 )

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

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

64.15

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. William Hastreiter**

Mailing Address 580 Grand Avenue  
Apt. 2

City Saint Paul State MN Zip Code 55102-2687

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2012

**Transaction ID : SB21B222320901541e**

Amount of Each Disbursement this Period

130.67

001  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Gridiron Communications**

Mailing Address 12650 Adams Road

City Granger State IN Zip Code 46530-6828

Purpose of Disbursement  
Political Mail Piece

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : SB21B501908904841e**

Amount of Each Disbursement this Period

41763.7

001  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C. American Express Financial**

Mailing Address P.O Box 5167

City Westborough State MA Zip Code 01581

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2012

**Transaction ID : SB21B402817904214e**

Amount of Each Disbursement this Period

7.95

001  
Category/  
Type

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

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

41902.32

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Minneapolis Club**

Mailing Address 729 2nd Avenue S

City Minneapolis State MN Zip Code 55402-2405

Purpose of Disbursement  
Facility Rental

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

/  /

Transaction ID : **SB21B401259873524e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. American Express Financial**

Mailing Address P.O Box 5167

City Westborough State MA Zip Code 01581

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

/  /

Transaction ID : **SB21B402817904838e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Siemens Enterprise Communications**

Mailing Address 1001 NW 51st Street

City Boca Raton State FL Zip Code 33431-4403

Purpose of Disbursement  
Yearly Maintenance Fee for Dialer

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

/  /

Transaction ID : **SB21B435639872087e**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Hub Properties Trust**

Mailing Address **Reit Management Research  
330 2nd. Ave. S Suite 110**

City **Minneapolis** State **MN** Zip Code **55401**

Purpose of Disbursement  
**Party Office Rent**

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) **Retire Debt -**

Date of Disbursement

**11 / 14 / 2012**

**Transaction ID : SB21B403860904592e**

Amount of Each Disbursement this Period

**12400.5**

Full Name (Last, First, Middle Initial)

**B. Gridiron Communications**

Mailing Address **12650 Adams Road**

City **Granger** State **IN** Zip Code **46530-6828**

Purpose of Disbursement  
**Direct Mailing**

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) **Retire Debt -**

Date of Disbursement

**11 / 15 / 2012**

**Transaction ID : SB21B501908904287e**

Amount of Each Disbursement this Period

**40948.65**

Full Name (Last, First, Middle Initial)

**C. Pizza Luce**

Mailing Address **11 E Superior Street  
Suite 100**

City **Duluth** State **MN** Zip Code **55802-3011**

Purpose of Disbursement  
**Food & Beverages**

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) **Retire Debt -**

Date of Disbursement

**11 / 21 / 2012**

**Transaction ID : SB21B408088904840e**

Amount of Each Disbursement this Period

**250**

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

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

**53599.15**

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Staples Business Advantage**

Mailing Address PO Box 9368

City Framingham State MA Zip Code 01701-9368

Purpose of Disbursement  
Office Supplies

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2012

Transaction ID : SB21B408914901528e

Amount of Each Disbursement this Period

80.15

Full Name (Last, First, Middle Initial)

**B. Minneapolis Club**

Mailing Address 729 2nd Avenue S

City Minneapolis State MN Zip Code 55402-2405

Purpose of Disbursement  
Meals & Beverages

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

Transaction ID : SB21B401259880342e

Amount of Each Disbursement this Period

32.13

Full Name (Last, First, Middle Initial)

**C. Election Mail Technology**

Mailing Address 1101 Pennsylvania Avenue NW  
Floor 6

City Washington State DC Zip Code 20004-2544

Purpose of Disbursement  
Online Fundraising Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

Transaction ID : SB21B427662904209e

Amount of Each Disbursement this Period

1890

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

2002.28

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Rally**

Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
Credit Card Processing Fees

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
1	1	1		0	6			2	0	1	2		

**Transaction ID : SB21B496069905058e**

Amount of Each Disbursement this Period

1	4	5	.	7	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Kelly Fenton**

Mailing Address 11333 Sundance Way

City Woodbury State MN Zip Code 55129-5301

Purpose of Disbursement  
Travel Reimbursements

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	8			2	0	1	2		

**Transaction ID : SB21B462028904446e**

Amount of Each Disbursement this Period

2	4	8	.	8
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Kelly Fenton**

Mailing Address 11333 Sundance Way

City Woodbury State MN Zip Code 55129-5301

Purpose of Disbursement  
Mileage reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Date of Disbursement

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

**Transaction ID : SB21B462028848739V**

Amount of Each Disbursement this Period

3	6	.	9	9
---	---	---	---	---

**[MEMO ITEM]**  
Subitemization of Kelly Fenton ( 11/08/12 )

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

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

3	9	4	.	5	6
---	---	---	---	---	---

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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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. T-Mobile**

Mailing Address PO Box 37380

City Albuquerque State NM Zip Code 87176-7380

Purpose of Disbursement  
Cell Phone

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

/  /

**Transaction ID : SB21B477803848742V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Kelly Fenton ( 11/08/12 )

Full Name (Last, First, Middle Initial)

**B. Rally**

Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement

/  /

**Transaction ID : SB21B496069904205e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Merchant Services**

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-6612

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement

/  /

**Transaction ID : SB21B423622904213e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Kelly Fenton**

Mailing Address 11333 Sundance Way

City Woodbury State MN Zip Code 55129-5301

Purpose of Disbursement  
Mileage Reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B462028904218e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Staples Business Advantage**

Mailing Address PO Box 9368

City Framingham State MA Zip Code 01701-9368

Purpose of Disbursement  
Generic Office Supplies

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Date of Disbursement

/  /

**Transaction ID : SB21B408914904839e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Siemens Enterprise Communications**

Mailing Address 1001 NW 51st Street

City Boca Raton State FL Zip Code 33431-4403

Purpose of Disbursement  
Dialer maintenance fee interest

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Date of Disbursement

/  /

**Transaction ID : SB21B435639904589e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Federal Express**

Mailing Address Po Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement Postage

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2012

Transaction ID : SB21B401257904451e

Amount of Each Disbursement this Period

29.32

Full Name (Last, First, Middle Initial)

**B. Minneapolis Club**

Mailing Address 729 2nd Avenue S

City Minneapolis State MN Zip Code 55402-2405

Purpose of Disbursement Meals

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

Transaction ID : SB21B401259883028e

Amount of Each Disbursement this Period

32.8

Full Name (Last, First, Middle Initial)

**C. Rally**

Mailing Address 144 2nd Street Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement Credit Card Processing Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2012

Transaction ID : SB21B496069904206e

Amount of Each Disbursement this Period

143.33

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

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

205.45

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Rally**

Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

Transaction ID : SB21B496069904204e

Amount of Each Disbursement this Period

113.4

Full Name (Last, First, Middle Initial)

**B. Rally**

Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2012

Transaction ID : SB21B496069904203e

Amount of Each Disbursement this Period

128.12

Full Name (Last, First, Middle Initial)

**C. American Express Financial**

Mailing Address P.O Box 5167

City Westborough State MA Zip Code 01581

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

Transaction ID : SB21B402817904215e

Amount of Each Disbursement this Period

388.89

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

630.41

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

138341.47

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input 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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Republican Party of Minnesota - Non-Federal Account**

Date of Disbursement

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

Mailing Address 525 Park Street  
Suite 250

City Saint Paul State MN Zip Code 55103-2145

**Transaction ID : SB22-4-873538-e**

Purpose of Disbursement  
Pre-Allocation Transfers

001
Category/ Type

Amount of Each Disbursement this Period

40830.63
----------

Candidate Name

**Republican Party of Minnesota - Non-Federal Account**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

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)..... ▶

40830.63
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40830.63
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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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Alliance Bank**

Mailing Address 444 Cedar Street

City State Zip Code  
Saint Paul MN 55101-2179

Purpose of Disbursement  
Loan Repayment

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 / 09 / 2012

**Transaction ID : SB26-400292-88-R**

Amount of Each Disbursement this Period

3778.78

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

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:  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

Amount of Each Disbursement this Period

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

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

3778.78

3778.78

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. John Schletty**

Mailing Address 1378 Smith Avenue S

City West Saint Paul State MN Zip Code 55118-3016

Purpose of Disbursement  
Refund of contribution

010

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2012			

Transaction ID : SB28a-87198-904201-e

Amount of Each Disbursement this Period

50
----

Full Name (Last, First, Middle Initial)

**B. Alvern Wentzel**

Mailing Address 26106 320th Avenue SW

City Fisher State MN Zip Code 56723-9431

Purpose of Disbursement  
Refund of contribution

010

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28a-12556-904202-e

Amount of Each Disbursement this Period

20
----

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

70.00
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**TOTAL** This Period (last page this line number only)..... ▶

70.00
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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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Century Link**

Mailing Address PO Box 660068

City Dallas State TX Zip Code 75266-0068

Purpose of Disbursement  
Phone Services/FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2012

**Transaction ID : SB30b402493901535e**

Amount of Each Disbursement this Period

24.28

Full Name (Last, First, Middle Initial)

**B. MCI Communication Service**

Mailing Address PO Box 371815

City Pittsburgh State PA Zip Code 15250-7815

Purpose of Disbursement  
Phone Services/FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2012

**Transaction ID : SB30b501055901530e**

Amount of Each Disbursement this Period

160.47

Full Name (Last, First, Middle Initial)

**C. Look Sign, Inc.**

Mailing Address 5635 142nd Avenue NW

City Anoka State MN Zip Code 55303-4625

Purpose of Disbursement  
Signs

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2012

**Transaction ID : SB30b455342899217e**

Amount of Each Disbursement this Period

7458.58

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

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

7643.33

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 1210 Northland Drive  
Suite 100

City Saint Paul State MN Zip Code 55120-1181

Purpose of Disbursement  
FEA PAYROLL TAXES

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 / 19 / 2012

Transaction ID : SB30b418908904054e

Amount of Each Disbursement this Period

9323.95

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address 43251 PO Box

City Ogden State UT Zip Code 84201-0001

Purpose of Disbursement  
FEA PAYROLL TAXES

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 / 19 / 2012

Transaction ID : SB30b402470848602V

Amount of Each Disbursement this Period

7144.53

**[MEMO ITEM]**  
Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. MN Dept of Revenue**

Mailing Address 658 Cedar Street  
Suite 400

City Saint Paul State MN Zip Code 55155-1603

Purpose of Disbursement  
FEA PAYROLL TAXES

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 / 19 / 2012

Transaction ID : SB30b421278848603V

Amount of Each Disbursement this Period

1101.42

**[MEMO ITEM]**  
Subitemization of Paychex ( 10/19/12 )

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

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

9323.95

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial) <b>A. MN State Unemployment</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2012
Mailing Address 332 Minnesota Street		<b>Transaction ID : SB30b422710848604V</b>
City Saint Paul	State MN	
Purpose of Disbursement FEA PAYROLL TAXES		Amount of Each Disbursement this Period 1078
Candidate Name		<b>[MEMO ITEM]</b> Subitemization of Paychex ( 10/19/12 )
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>B. Internal Revenue Service</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2012
Mailing Address 43251 PO Box		<b>Transaction ID : SB30b402470848657V</b>
City Ogden	State UT	
Purpose of Disbursement FEA PAYROLL TAXES		Amount of Each Disbursement this Period 7485.52
Candidate Name		<b>[MEMO ITEM]</b> Subitemization of Paychex ( 11/02/12 )
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>C. MN State Unemployment</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2012
Mailing Address 332 Minnesota Street		<b>Transaction ID : SB30b422710848659V</b>
City Saint Paul	State MN	
Purpose of Disbursement FEA PAYROLL TAXES		Amount of Each Disbursement this Period 1130.96
Candidate Name		<b>[MEMO ITEM]</b> Subitemization of Paychex ( 11/02/12 )
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. MN Dept of Revenue**

Mailing Address 658 Cedar Street  
Suite 400

City Saint Paul State MN Zip Code 55155-1603

Purpose of Disbursement  
FEA PAYROLL TAXES

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 / 02 / 2012

**Transaction ID : SB30b421278848658V**

Amount of Each Disbursement this Period

1172.48

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 1210 Northland Drive  
Suite 100

City Saint Paul State MN Zip Code 55120-1181

Purpose of Disbursement  
FEA PAYROLL TAXES

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 / 02 / 2012

**Transaction ID : SB30b418908904059e**

Amount of Each Disbursement this Period

9788.96

Full Name (Last, First, Middle Initial)

**C. Cub Foods - Burnsville**

Mailing Address 300 E Travelers Trail

City Burnsville State MN Zip Code 55337-2885

Purpose of Disbursement  
Office Supplies

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 / 13 / 2012

**Transaction ID : SB30b428482848717V**

Amount of Each Disbursement this Period

24.11

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 10/25/12 )

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

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

9788.96

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

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

FOR LINE NUMBER:  
(check only one)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Target - Burnsville**

Mailing Address 810 County Road 42 W

City Burnsville State MN Zip Code 55337-4426

Purpose of Disbursement  
Event Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b454062848716V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 10/25/12 )

Full Name (Last, First, Middle Initial)

**B. Kurt R Sorenson**

Mailing Address 1201 Hilloway Circle

City Burnsville State MN Zip Code 55306-5491

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b496897901523e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Little Caesars - Burnsville**

Mailing Address 1246 County Road 42 W

City Burnsville State MN Zip Code 55337-4431

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b501749848714V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 10/25/12 )

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Big Discount Liquors**

Mailing Address 12100 County Road 11

City Burnsville State MN Zip Code 55337-3018

Purpose of Disbursement  
Event Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2012

**Transaction ID : SB30b503642848715V**

Amount of Each Disbursement this Period

25.12

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 10/25/12 )

Full Name (Last, First, Middle Initial)

**B. Loland L Crocket**

Mailing Address 1164 Mackubin Street  
Apt. 208

City Saint Paul State MN Zip Code 55117-4744

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼  
Retire Debt -

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

**Transaction ID : SB30b455216848819V**

Amount of Each Disbursement this Period

599.05

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. Stephen D Greene**

Mailing Address 325 Marie

City Saint Paul State MN Zip Code 55106

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼  
Retire Debt -

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

**Transaction ID : SB30b455563848792V**

Amount of Each Disbursement this Period

113.12

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Carol Mason**

Mailing Address 1390 Edmund Avenue

City State Zip Code  
Saint Paul MN 55104-2426

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB30b456202848800V**

Amount of Each Disbursement this Period

2	3	3	.	2
---	---	---	---	---

**[MEMO ITEM]**  
Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Francis Dana Payne III**

Mailing Address 1314 Marquette Avenue  
Apt. 605

City State Zip Code  
Minneapolis MN 55403-4119

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB30b476812848828V**

Amount of Each Disbursement this Period

1	2	2	.	4
---	---	---	---	---

**[MEMO ITEM]**  
Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. John L Nelson**

Mailing Address 685 Maryland Avenue E  
Apt. 1

City State Zip Code  
Saint Paul MN 55106-2524

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB30b456372848802V**

Amount of Each Disbursement this Period

2	4	5	.	1
---	---	---	---	---

**[MEMO ITEM]**  
Subitemization of Paychex ( 11/16/12 )

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

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

0	0	0	.	0
---	---	---	---	---

0	0	0	.	0
---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Sean Ness**

Mailing Address 1758 Dayton Avenue

City State Zip Code  
Saint Paul MN 55104-6001

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : SB30b456618848811V

Amount of Each Disbursement this Period

308.58

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Julie C Moy**

Mailing Address 85 Leech Street

City State Zip Code  
Saint Paul MN 55102-2736

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : SB30b480238848826V

Amount of Each Disbursement this Period

733.24

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. Joseph R Bauman**

Mailing Address 435 University Avenue E

City State Zip Code  
Saint Paul MN 55130-4437

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : SB30b463485848815V

Amount of Each Disbursement this Period

321.12

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Eugene Fields**

Mailing Address 417 Grand Avenue  
Apt. 10

City Saint Paul State MN Zip Code 55102-2635

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : SB30b480157848822V

Amount of Each Disbursement this Period

437.72

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Lois Freeman**

Mailing Address 119 Arlington Lane

City Saint Paul State MN Zip Code 55117

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : SB30b492842848823V

Amount of Each Disbursement this Period

426.48

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. Ryan M Nelson**

Mailing Address 1064 Pacific Street

City Saint Paul State MN Zip Code 55106-6420

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : SB30b508291848827V

Amount of Each Disbursement this Period

119.33

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial) <b>A. Kurt R Sorenson</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2012
Mailing Address 1201 Hilloway Circle		<b>Transaction ID : SB30b496897848813V</b>
City Burnsville	State MN	
Purpose of Disbursement FEA SALARY	Candidate Name	Amount of Each Disbursement this Period 1486.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -	<b>[MEMO ITEM]</b> Subitemization of Paychex ( 11/16/12 )
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Katherine Boyd</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2012
Mailing Address 606 Barrington Drive E		<b>Transaction ID : SB30b501909848808V</b>
City Shakopee	State MN	
Purpose of Disbursement FEA SALARY	Candidate Name	Amount of Each Disbursement this Period 217.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -	<b>[MEMO ITEM]</b> Subitemization of Paychex ( 11/16/12 )
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Heather Rubash</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2012
Mailing Address 501 Waconia Parkway N Apt. 306		<b>Transaction ID : SB30b172840848812V</b>
City Waconia	State MN	
Purpose of Disbursement FEA SALARY	Candidate Name	Amount of Each Disbursement this Period 1299.33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -	<b>[MEMO ITEM]</b> Subitemization of Paychex ( 11/16/12 )
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Lindsey P Cox**

Mailing Address 1064 Pacific Street

City State Zip Code  
Saint Paul MN 55106-6420

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : SB30b508289848818V**

Amount of Each Disbursement this Period

95.72

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Landrey L Darouni**

Mailing Address 565 Sandhurst Drive W  
Apt. 103

City State Zip Code  
Saint Paul MN 55113-4663

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : SB30b508290848821V**

Amount of Each Disbursement this Period

949.74

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. Steven Mcallister**

Mailing Address 14793 Sherbrooke Beach Road

City State Zip Code  
Pelican Rapids MN 56572-9333

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : SB30b132626848825V**

Amount of Each Disbursement this Period

425.28

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. William Milbach**

Mailing Address 1438 Pascal Street N

City State Zip Code  
Saint Paul MN 55108-2437

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : SB30b172986848801V

Amount of Each Disbursement this Period

1213.8

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Sarah Hansen-Jones**

Mailing Address 505 Hoyt Avenue E

City State Zip Code  
Saint Paul MN 55130-3016

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : SB30b173067848824V

Amount of Each Disbursement this Period

290.73

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. Aaron Heidebrink**

Mailing Address 1975 W University Ave  
#242

City State Zip Code  
St Paul MN 55105

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : SB30b173146848794V

Amount of Each Disbursement this Period

793.88

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Joel Cary**

Mailing Address 12809 44th PI NE

City State Zip Code  
Saint Michael MN 55376-3030

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2012			

**Transaction ID : SB30b173167848807V**

Amount of Each Disbursement this Period

2306.91
---------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Jacob Schommer**

Mailing Address 792 Juno Avenue

City State Zip Code  
Saint Paul MN 55102-3822

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2012			

**Transaction ID : SB30b174096848830V**

Amount of Each Disbursement this Period

537.53
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. Michael A. Wright**

Mailing Address 2477 Indian Way

City State Zip Code  
Saint Paul MN 55109-1613

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2012			

**Transaction ID : SB30b173236848805V**

Amount of Each Disbursement this Period

435.45
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Joel Chavez**

Mailing Address 475 Dayton Avenue  
Apt. 1

City Saint Paul State MN Zip Code 55102-4528

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : SB30b173618848816V

Amount of Each Disbursement this Period

225.48

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Joel Chavez**

Mailing Address 475 Dayton Avenue  
Apt. 1

City Saint Paul State MN Zip Code 55102-4528

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : SB30b173618848833V

Amount of Each Disbursement this Period

624.17

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. Lori-Anne Pizzella**

Mailing Address 680 Stewart Avenue

City Saint Paul State MN Zip Code 55102-4117

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : SB30b174562848803V

Amount of Each Disbursement this Period

725.3

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 1210 Northland Drive  
Suite 100

City Saint Paul State MN Zip Code 55120-1181

Purpose of Disbursement  
FEA PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : SB30b418908904650e**

Amount of Each Disbursement this Period

28403.49

Full Name (Last, First, Middle Initial)

**B. Stephanie D Highley**

Mailing Address 782 Geranium Avenue E

City Saint Paul State MN Zip Code 55106-2534

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : SB30b455989848795V**

Amount of Each Disbursement this Period

80.09

**[MEMO ITEM]**  
Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. Ryan Lyk**

Mailing Address 2416 Woodland Avenue

City Duluth State MN Zip Code 55803-2347

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : SB30b224344848810V**

Amount of Each Disbursement this Period

286.14

**[MEMO ITEM]**  
Subitemization of Paychex ( 11/16/12 )

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

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

28403.49

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Brittany D. Leahy**

Mailing Address 591 Bay Street

City State Zip Code  
Saint Paul MN 55102-3903

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : **SB30b227027848799V**

Amount of Each Disbursement this Period

114.53

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Shari Vig**

Mailing Address 1555 Case Avenue

City State Zip Code  
Saint Paul MN 55106-3603

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : **SB30b227149848831V**

Amount of Each Disbursement this Period

479.56

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. Ronald Huettl**

Mailing Address 1905 Bluestem Lane

City State Zip Code  
Shoreview MN 55126-5017

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : **SB30b174233848832V**

Amount of Each Disbursement this Period

1655.45

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Kathleen Hupalo**

Mailing Address 684 Delaware Avenue

City State Zip Code  
Saint Paul MN 55107-2534

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : SB30b176320848798V**

Amount of Each Disbursement this Period

388.42

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Christian Darouni**

Mailing Address 758 Reaney Avenue

City State Zip Code  
Saint Paul MN 55106-4442

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : SB30b176787848790V**

Amount of Each Disbursement this Period

1524.19

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. Shawn Ricks**

Mailing Address 1871 7th Street E  
Apt. 6

City State Zip Code  
Saint Paul MN 55119-4850

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : SB30b175468848829V**

Amount of Each Disbursement this Period

746.78

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Troy Hilderbrand**

Mailing Address 1827 Laurel Avenue

City State Zip Code  
Saint Paul MN 55104-6017

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

**Transaction ID : SB30b178759848796V**

Amount of Each Disbursement this Period

72.81

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Alexander Argo**

Mailing Address 9428 Erin Court

City State Zip Code  
Woodbury MN 55129-9756

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

**Transaction ID : SB30b178956848814V**

Amount of Each Disbursement this Period

608.24

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. Abby Michaud**

Mailing Address 14174 Franklin Avenue NW

City State Zip Code  
Clearwater MN 55320-2162

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

**Transaction ID : SB30b190243848806V**

Amount of Each Disbursement this Period

1366.24

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Thomas Hoffman**

Mailing Address 6051 Courtly Alcove

City Woodbury State MN Zip Code 55125-1932

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

Transaction ID : SB30b193841848797V

Amount of Each Disbursement this Period

649.56

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Erik Leist**

Mailing Address 4911 Matterhorn Drive

City Duluth State MN Zip Code 55811-3848

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

Transaction ID : SB30b214228848809V

Amount of Each Disbursement this Period

1115.98

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. Crystal Gardner**

Mailing Address 591 Bay Street

City Saint Paul State MN Zip Code 55102-3903

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

Transaction ID : SB30b223561848791V

Amount of Each Disbursement this Period

311.27

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Matthew Cross**

Mailing Address 744 Randolph Avenue

City State Zip Code  
Saint Paul MN 55102-3414

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

Transaction ID : SB30b220076848820V

Amount of Each Disbursement this Period

492.09

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Robert C. Salender**

Mailing Address 435 University Avenue E

City State Zip Code  
Saint Paul MN 55130-4437

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

Transaction ID : SB30b226071848804V

Amount of Each Disbursement this Period

801.2

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. William Hastreiter**

Mailing Address 580 Grand Avenue  
Apt. 2

City State Zip Code  
Saint Paul MN 55102-2687

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

Transaction ID : SB30b222320848793V

Amount of Each Disbursement this Period

1009.26

[MEMO ITEM]

Subitemization of Paychex ( 11/16/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Raymond Cook**

Mailing Address 749 Magnolia Avenue E

City State Zip Code  
Saint Paul MN 55106-3128

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

**Transaction ID : SB30b223031848817V**

Amount of Each Disbursement this Period

313

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Minn Power**

Mailing Address PO Box 1001

City State Zip Code  
Duluth MN 55806-1001

Purpose of Disbursement  
Utilities/FEA

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2012

**Transaction ID : SB30b495721904593e**

Amount of Each Disbursement this Period

204.18

Full Name (Last, First, Middle Initial)

**C. Center Point Energy**

Mailing Address PO Box 4671

City State Zip Code  
Houston TX 77210-4671

Purpose of Disbursement  
Utilites/FEA

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2012

**Transaction ID : SB30b226408904286e**

Amount of Each Disbursement this Period

17.94

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

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

222.12

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Charter Communications**

Mailing Address 16900 Cedar Avenue S  
Suite 1

City Rosemount State MN Zip Code 55068-5129

Purpose of Disbursement  
Internet Service

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 / 2012

**Transaction ID : SB30b227053904275e**

Amount of Each Disbursement this Period

219.99

Full Name (Last, First, Middle Initial)

**B. Erik Leist**

Mailing Address 4911 Matterhorn Drive

City Duluth State MN Zip Code 55811-3848

Purpose of Disbursement  
Event Supplies Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2012

**Transaction ID : SB30b214228904447e**

Amount of Each Disbursement this Period

780.36

Full Name (Last, First, Middle Initial)

**C. Walmart Hermantown**

Mailing Address 4740 Mall Drive

City Hermantown State MN Zip Code 55811-3939

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : SB30b440806848745V**

Amount of Each Disbursement this Period

34.9

**[MEMO ITEM]**  
Subitemization of Erik Leist ( 11/08/12 )

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

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

1000.35



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Jimmy Johns**

Mailing Address 1221 E Superior Street

City State Zip Code  
Duluth MN 55802-2218

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2012			

**Transaction ID : SB30b440811848747V**

Amount of Each Disbursement this Period

110
-----

**[MEMO ITEM]**

Subitemization of Erik Leist ( 11/08/12 )

Full Name (Last, First, Middle Initial)

**B. Pizza Hut - Hermantown**

Mailing Address 17 W Central Entrance

City State Zip Code  
Duluth MN 55811-3433

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : SB30b501902848748V**

Amount of Each Disbursement this Period

91.42
-------

**[MEMO ITEM]**

Subitemization of Erik Leist ( 11/08/12 )

Full Name (Last, First, Middle Initial)

**C. Pizza Hut - Hermantown**

Mailing Address 17 W Central Entrance

City State Zip Code  
Duluth MN 55811-3433

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2012			

**Transaction ID : SB30b501902848746V**

Amount of Each Disbursement this Period

27.87
-------

**[MEMO ITEM]**

Subitemization of Erik Leist ( 11/08/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Holiday**

Mailing Address 4221 Haines Road

City Hermantown State MN Zip Code 55811-3955

Purpose of Disbursement  
Gas

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : SB30b501903848750V**

Amount of Each Disbursement this Period

150

**[MEMO ITEM]**

Subitemization of Erik Leist ( 11/08/12 )

Full Name (Last, First, Middle Initial)

**B. Subway - Hermantown**

Mailing Address 4707 Mall Drive

City Hermantown State MN Zip Code 55811-4088

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : SB30b507823848744V**

Amount of Each Disbursement this Period

19.33

**[MEMO ITEM]**

Subitemization of Erik Leist ( 11/08/12 )

Full Name (Last, First, Middle Initial)

**C. Erik Leist**

Mailing Address 4911 Matterhorn Drive

City Duluth State MN Zip Code 55811-3848

Purpose of Disbursement  
Mileage Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2012

**Transaction ID : SB30b214228848743V**

Amount of Each Disbursement this Period

318.02

**[MEMO ITEM]**

Subitemization of Erik Leist ( 11/08/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Walmart Hermantown**

Mailing Address 4740 Mall Drive

City Hermantown State MN Zip Code 55811-3939

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2012			

Transaction ID : SB30b440806848749V

Amount of Each Disbursement this Period

28.82
-------

[MEMO ITEM]

Subitemization of Erik Leist ( 11/08/12 )

Full Name (Last, First, Middle Initial)

**B. Grizzly's**

Mailing Address 1722 Miller Trunk Highway

City Duluth State MN Zip Code 55811-5608

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2012			

Transaction ID : SB30b508047848759V

Amount of Each Disbursement this Period

59.65
-------

[MEMO ITEM]

Subitemization of Erik Leist ( 11/15/12 )

Full Name (Last, First, Middle Initial)

**C. Erik Leist**

Mailing Address 4911 Matterhorn Drive

City Duluth State MN Zip Code 55811-3848

Purpose of Disbursement  
Mileage reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2012			

Transaction ID : SB30b214228848758V

Amount of Each Disbursement this Period

641.58
--------

[MEMO ITEM]

Subitemization of Erik Leist ( 11/15/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Super One Foods - Duluth**

Mailing Address 5401 Burning Tree Road

City State Zip Code  
Duluth MN 55811-1874

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2012

Transaction ID : SB30b508049848762V

Amount of Each Disbursement this Period

33.28

[MEMO ITEM]

Subitemization of Erik Leist ( 11/15/12 )

Full Name (Last, First, Middle Initial)

**B. Pizza Hut - Hermantown**

Mailing Address 17 W Central Entrance

City State Zip Code  
Duluth MN 55811-3433

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

Transaction ID : SB30b501902848763V

Amount of Each Disbursement this Period

77.3

[MEMO ITEM]

Subitemization of Erik Leist ( 11/15/12 )

Full Name (Last, First, Middle Initial)

**C. Best Buy - Duluth**

Mailing Address 5105 Burning Tree Road

City State Zip Code  
Duluth MN 55811-1875

Purpose of Disbursement  
Phone Equipment

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

Transaction ID : SB30b508048848760V

Amount of Each Disbursement this Period

77.82

[MEMO ITEM]

Subitemization of Erik Leist ( 11/15/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Pizza Hut - Hermantown**

Mailing Address 17 W Central Entrance

City Duluth State MN Zip Code 55811-3433

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2012

**Transaction ID : SB30b501902848761V**

Amount of Each Disbursement this Period

27.87

**[MEMO ITEM]**

Subitemization of Erik Leist ( 11/15/12 )

Full Name (Last, First, Middle Initial)

**B. Erik Leist**

Mailing Address 4911 Matterhorn Drive

City Duluth State MN Zip Code 55811-3848

Purpose of Disbursement  
Travel/Meal Reimbursements

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2012

**Transaction ID : SB30b214228904453e**

Amount of Each Disbursement this Period

917.5

Full Name (Last, First, Middle Initial)

**C. Delta Dental**

Mailing Address 345 Saint Peter Street

City Saint Paul State MN Zip Code 55102-1211

Purpose of Disbursement  
Employee Dental Benefits

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

**Transaction ID : SB30b450206904596e**

Amount of Each Disbursement this Period

228.75

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

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

1146.25

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 1210 Northland Drive  
Suite 100

City Saint Paul State MN Zip Code 55120-1181

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : **SB30b418908904649e**

Amount of Each Disbursement this Period

10077.82

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address 43251 PO Box

City Ogden State UT Zip Code 84201-0001

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : **SB30b402470848787V**

Amount of Each Disbursement this Period

7705.93

**[MEMO ITEM]**  
Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. MN Dept of Revenue**

Mailing Address 658 Cedar Street  
Suite 400

City Saint Paul State MN Zip Code 55155-1603

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : **SB30b421278848788V**

Amount of Each Disbursement this Period

1189.36

**[MEMO ITEM]**  
Subitemization of Paychex ( 11/16/12 )

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

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

10077.82

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. MN State Unemployment**

Mailing Address 332 Minnesota Street

City State Zip Code  
Saint Paul MN 55101-1314

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : SB30b422710848789V**

Amount of Each Disbursement this Period

1182.53

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Century Link**

Mailing Address PO Box 660068

City State Zip Code  
Dallas TX 75266-0068

Purpose of Disbursement  
Phone Services/FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2012

**Transaction ID : SB30b402493904834e**

Amount of Each Disbursement this Period

271.38

Full Name (Last, First, Middle Initial)

**C. Alliance Bank**

Mailing Address 444 Cedar Street

City State Zip Code  
Saint Paul MN 55101-2179

Purpose of Disbursement  
Employee HSA Payment

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SB30b400292904212e**

Amount of Each Disbursement this Period

960.48

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

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

1231.86

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Center Point Energy**

Mailing Address PO Box 4671

City Houston State TX Zip Code 77210-4671

Purpose of Disbursement  
Utilities/FEA

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2012

Transaction ID : SB30b226408904833e

Amount of Each Disbursement this Period

57.81

**B. Brady Dube**

Full Name (Last, First, Middle Initial)

Mailing Address 11466 Basswood Lane N

City Champlin State MN Zip Code 55316-1919

Purpose of Disbursement  
Mileage Reimbursement/FEA

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2012

Transaction ID : SB30b463488904448e

Amount of Each Disbursement this Period

1291.49

**C. Airnet**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11181

City Chattanooga State TN Zip Code 37401-2181

Purpose of Disbursement  
Phone Services/FEA

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2012

Transaction ID : SB30b495719904443e

Amount of Each Disbursement this Period

7823.83

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

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

9173.13



**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 1210 Northland Drive  
Suite 100

City State Zip Code  
Saint Paul MN 55120-1181

Purpose of Disbursement  
FEA PAYROLL

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 / 19 / 2012

**Transaction ID : SB30b418908904057e**

Amount of Each Disbursement this Period

26575.7

Full Name (Last, First, Middle Initial)

**B. Joel Cary**

Mailing Address 12809 44th PI NE

City State Zip Code  
Saint Michael MN 55376-3030

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b173167848627V**

Amount of Each Disbursement this Period

2306.91

**[MEMO ITEM]**  
Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. William Milbach**

Mailing Address 1438 Pascal Street N

City State Zip Code  
Saint Paul MN 55108-2437

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b172986848621V**

Amount of Each Disbursement this Period

1213.79

**[MEMO ITEM]**  
Subitemization of Paychex ( 10/19/12 )

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

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

26575.70

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Sarah Hansen-Jones**

Mailing Address 505 Hoyt Avenue E

City State Zip Code  
Saint Paul MN 55130-3016

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b173067848643V**

Amount of Each Disbursement this Period

299.33

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. Joel Chavez**

Mailing Address 475 Dayton Avenue  
Apt. 1

City State Zip Code  
Saint Paul MN 55102-4528

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b173618848637V**

Amount of Each Disbursement this Period

80.12

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Joel Chavez**

Mailing Address 475 Dayton Avenue  
Apt. 1

City State Zip Code  
Saint Paul MN 55102-4528

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b173618848654V**

Amount of Each Disbursement this Period

478.82

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Jacob Schommer**

Mailing Address 792 Juno Avenue

City State Zip Code  
Saint Paul MN 55102-3822

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b174096848651V**

Amount of Each Disbursement this Period

379.71
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. Michael A. Wright**

Mailing Address 2477 Indian Way

City State Zip Code  
Saint Paul MN 55109-1613

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b173236848625V**

Amount of Each Disbursement this Period

224.91
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Aaron Heidebrink**

Mailing Address 1975 W University Ave  
#242

City State Zip Code  
St Paul MN 55105

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b173146848615V**

Amount of Each Disbursement this Period

804.38
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Brittany D. Leahy**

Mailing Address 591 Bay Street

City State Zip Code  
Saint Paul MN 55102-3903

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 19 / 2012

**Transaction ID : SB30b227027848619V**

Amount of Each Disbursement this Period

221.17

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. Ryan Lyk**

Mailing Address 2416 Woodland Avenue

City State Zip Code  
Duluth MN 55803-2347

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 19 / 2012

**Transaction ID : SB30b224344848630V**

Amount of Each Disbursement this Period

286.15

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Robert C. Salender**

Mailing Address 435 University Avenue E

City State Zip Code  
Saint Paul MN 55130-4437

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 19 / 2012

**Transaction ID : SB30b226071848624V**

Amount of Each Disbursement this Period

675.92

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Thomas Hoffman**

Mailing Address 6051 Courtly Alcove

City Woodbury State MN Zip Code 55125-1932

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b193841848617V**

Amount of Each Disbursement this Period

634.96
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. Shari Vig**

Mailing Address 1555 Case Avenue

City Saint Paul State MN Zip Code 55106-3603

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b227149848652V**

Amount of Each Disbursement this Period

485.97
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Matthew Cross**

Mailing Address 744 Randolph Avenue

City Saint Paul State MN Zip Code 55102-3414

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b220076848640V**

Amount of Each Disbursement this Period

396.44
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. William Hastreiter**

Mailing Address 580 Grand Avenue  
Apt. 2

City Saint Paul State MN Zip Code 55102-2687

Purpose of Disbursement  
FEA 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
1	0		1	9		2	0	1	2

Transaction ID : **SB30b222320848614V**

Amount of Each Disbursement this Period

9	3	0	5	9
---	---	---	---	---

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. Crystal Gardner**

Mailing Address 591 Bay Street

City Saint Paul State MN Zip Code 55102-3903

Purpose of Disbursement  
FEA 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
1	0		1	9		2	0	1	2

Transaction ID : **SB30b223561848612V**

Amount of Each Disbursement this Period

1	9	5	.	9	3
---	---	---	---	---	---

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Abby Michaud**

Mailing Address 14174 Franklin Avenue NW

City Clearwater State MN Zip Code 55320-2162

Purpose of Disbursement  
FEA 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
1	0		1	9		2	0	1	2

Transaction ID : **SB30b190243848626V**

Amount of Each Disbursement this Period

1	3	6	.	2	4
---	---	---	---	---	---

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

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

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

0	0	0
---	---	---

0	0	0	0	0
---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Erik Leist**

Mailing Address 4911 Matterhorn Drive

City Duluth State MN Zip Code 55811-3848

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b214228848629V**

Amount of Each Disbursement this Period

1115.97

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. Kathleen Hupalo**

Mailing Address 684 Delaware Avenue

City Saint Paul State MN Zip Code 55107-2534

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b176320848618V**

Amount of Each Disbursement this Period

331.03

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Alexander Argo**

Mailing Address 9428 Erin Court

City Woodbury State MN Zip Code 55129-9756

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b178956848635V**

Amount of Each Disbursement this Period

393.11

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Christian Darouni**

Mailing Address 758 Reaney Avenue

City State Zip Code  
Saint Paul MN 55106-4442

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b176787848611V**

Amount of Each Disbursement this Period

1315.98
---------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. Ronald Huettl**

Mailing Address 1905 Bluestem Lane

City State Zip Code  
Shoreview MN 55126-5017

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b174233848653V**

Amount of Each Disbursement this Period

1655.46
---------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Lori-Anne Pizzella**

Mailing Address 680 Stewart Avenue

City State Zip Code  
Saint Paul MN 55102-4117

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b174562848623V**

Amount of Each Disbursement this Period

445.55
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Troy Hilderbrand**

Mailing Address 1827 Laurel Avenue

City State Zip Code  
Saint Paul MN 55104-6017

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b178759848616V**

Amount of Each Disbursement this Period

188.35
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. Landrey Mckinzie**

Mailing Address 7338 Jewel Avenue S

City State Zip Code  
Cottage Grove MN 55016-2287

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b174725848647V**

Amount of Each Disbursement this Period

746.19
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Shawn Ricks**

Mailing Address 1871 7th Street E  
Apt. 6

City State Zip Code  
Saint Paul MN 55119-4850

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b175468848650V**

Amount of Each Disbursement this Period

319.01
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Steven Mcallister**

Mailing Address 14793 Sherbrooke Beach Road

City Pelican Rapids State MN Zip Code 56572-9333

Purpose of Disbursement  
FEA 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
10			19			2012			

Transaction ID : **SB30b132626848646V**

Amount of Each Disbursement this Period

335.7
-------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. Heather Rubash**

Mailing Address 501 Waconia Parkway N  
Apt. 306

City Waconia State MN Zip Code 55387-1091

Purpose of Disbursement  
FEA 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
10			19			2012			

Transaction ID : **SB30b172840848632V**

Amount of Each Disbursement this Period

1299.33
---------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Lois Freeman**

Mailing Address 119 Arlington Lane

City Saint Paul State MN Zip Code 55117

Purpose of Disbursement  
FEA 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
10			19			2012			

Transaction ID : **SB30b492842848642V**

Amount of Each Disbursement this Period

355.18
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Katherine Boyd**

Mailing Address 606 Barrington Drive E

City State Zip Code  
Shakopee MN 55379-8981

Purpose of Disbursement  
FEA 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
10			19			2012			

Transaction ID : SB30b501909848628V

Amount of Each Disbursement this Period

217.74
--------

[MEMO ITEM]

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. David J Christopher**

Mailing Address 4131 Geneva Avenue N  
Apt. 213

City State Zip Code  
Oakdale MN 55128-2825

Purpose of Disbursement  
FEA 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
10			19			2012			

Transaction ID : SB30b507588848638V

Amount of Each Disbursement this Period

11.69
-------

[MEMO ITEM]

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Kurt R Sorenson**

Mailing Address 1201 Hilloway Circle

City State Zip Code  
Burnsville MN 55306-5491

Purpose of Disbursement  
FEA 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
10			19			2012			

Transaction ID : SB30b496897848633V

Amount of Each Disbursement this Period

1486.44
---------

[MEMO ITEM]

Subitemization of Paychex ( 10/19/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Leslie M Lomack**

Mailing Address

City State Zip Code  
Saint Paul MN 55106

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b496899848645V**

Amount of Each Disbursement this Period

101.31

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. Eugene Fields**

Mailing Address 417 Grand Avenue  
Apt. 10

City State Zip Code  
Saint Paul MN 55102-2635

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b480157848641V**

Amount of Each Disbursement this Period

349.96

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Julie C Moy**

Mailing Address 85 Leech Street

City State Zip Code  
Saint Paul MN 55102-2736

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b480238848648V**

Amount of Each Disbursement this Period

681.38

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Benjamin J Zierke**

Mailing Address 28587 Jeffery Avenue

City Chisago City State MN Zip Code 55013-9680

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b472232848634V**

Amount of Each Disbursement this Period

1509.74

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. Francis Dana Payne III**

Mailing Address 1314 Marquette Avenue  
Apt. 605

City Minneapolis State MN Zip Code 55403-4119

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b476812848649V**

Amount of Each Disbursement this Period

928.25

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Sean Ness**

Mailing Address 1758 Dayton Avenue

City Saint Paul State MN Zip Code 55104-6001

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b456618848631V**

Amount of Each Disbursement this Period

308.59

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Joseph R Bauman**

Mailing Address 435 University Avenue E

City State Zip Code  
Saint Paul MN 55130-4437

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b463485848636V**

Amount of Each Disbursement this Period

301.22
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. Carol Mason**

Mailing Address 1390 Edmund Avenue

City State Zip Code  
Saint Paul MN 55104-2426

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b456202848620V**

Amount of Each Disbursement this Period

256.33
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Loland L Crocket**

Mailing Address 1164 Mackubin Street  
Apt. 208

City State Zip Code  
Saint Paul MN 55117-4744

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b455216848639V**

Amount of Each Disbursement this Period

388.98
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. John L Nelson**

Mailing Address 685 Maryland Avenue E  
Apt. 1

City Saint Paul State MN Zip Code 55106-2524

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b456372848622V**

Amount of Each Disbursement this Period

269.86
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. Stephen D Greene**

Mailing Address 325 Marie

City Saint Paul State MN Zip Code 55106

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b455563848613V**

Amount of Each Disbursement this Period

101.58
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Stephanie D Highley**

Mailing Address 782 Geranium Avenue E

City Saint Paul State MN Zip Code 55106-2534

Purpose of Disbursement  
FEA 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
10			19			2012			

**Transaction ID : SB30b455989848644V**

Amount of Each Disbursement this Period

180.43
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Dakota Electric Association**

Mailing Address 4300 220th Street W

City Farmington State MN Zip Code 55024-9003

Purpose of Disbursement  
Utilities/FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2012			

Transaction ID : SB30b501607904835e

Amount of Each Disbursement this Period

193.81
--------

Full Name (Last, First, Middle Initial)

**B. Century Link**

Mailing Address PO Box 660068

City Dallas State TX Zip Code 75266-0068

Purpose of Disbursement  
Phone Services/FEA

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
10			25			2012			

Transaction ID : SB30b402493901529e

Amount of Each Disbursement this Period

272.39
--------

Full Name (Last, First, Middle Initial)

**C. Assurant Employee Benefits**

Mailing Address 2323 Grand Boulevard

City Kansas City State MO Zip Code 64108-2670

Purpose of Disbursement  
Employee Life & Disab. Benefits

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2012			

Transaction ID : SB30b417432904595e

Amount of Each Disbursement this Period

110.15
--------

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

576.35
--------

**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 Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Brady Dube**

Mailing Address 11466 Basswood Lane N

City State Zip Code  
Champlin MN 55316-1919

Purpose of Disbursement  
Travel Reimbursement

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 / 19 / 2012

**Transaction ID : SB30b463488901534e**

Amount of Each Disbursement this Period

724.84

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 1210 Northland Drive  
Suite 100

City State Zip Code  
Saint Paul MN 55120-1181

Purpose of Disbursement  
Garnishment

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : SB30b418908904608e**

Amount of Each Disbursement this Period

1613.86

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. MN Child Support Center**

Mailing Address PO Box 64306

City State Zip Code  
Saint Paul MN 55164-0306

Purpose of Disbursement  
Garnishment - MN Child Support

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : SB30b421261848784V**

Amount of Each Disbursement this Period

1435.86

Category/  
Type

**[MEMO ITEM]**  
Subitemization of Paychex ( 11/16/12 )

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

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

2338.70

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Wi Spt Collections Trust Fund**

Mailing Address 74400 PO Box

City Milwaukee State WI Zip Code 53274-0001

Purpose of Disbursement  
Garnishment - WI Spt Collections

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

Transaction ID : **SB30b423457848785V**

Amount of Each Disbursement this Period

60

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**B. Indiana Central Collection Unit**

Mailing Address 200 E Washington Street  
Suite W123

City Indianapolis State IN Zip Code 46204-3335

Purpose of Disbursement  
Garnishment - IN Child Support

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

Transaction ID : **SB30b487042848786V**

Amount of Each Disbursement this Period

118

**[MEMO ITEM]**

Subitemization of Paychex ( 11/16/12 )

Full Name (Last, First, Middle Initial)

**C. Target - Eagan**

Mailing Address 2000 Cliff Lake Road

City Saint Paul State MN Zip Code 55122-2400

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

Transaction ID : **SB30b498358848755V**

Amount of Each Disbursement this Period

73.35

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/15/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Big Discount Liquors**

Mailing Address 12100 County Road 11

City Burnsville State MN Zip Code 55337-3018

Purpose of Disbursement  
Event Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2012

**Transaction ID : SB30b503642848754V**

Amount of Each Disbursement this Period

23.45

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/15/12 )

Full Name (Last, First, Middle Initial)

**B. US Mobil**

Mailing Address 12020 County Road 11

City Burnsville State MN Zip Code 55337-3016

Purpose of Disbursement  
Event Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2012

**Transaction ID : SB30b501154848756V**

Amount of Each Disbursement this Period

4.53

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/15/12 )

Full Name (Last, First, Middle Initial)

**C. Target - Eagan**

Mailing Address 2000 Cliff Lake Road

City Saint Paul State MN Zip Code 55122-2400

Purpose of Disbursement  
Event Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2012

**Transaction ID : SB30b498358848753V**

Amount of Each Disbursement this Period

104.34

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/15/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Cub Foods**

Mailing Address 1020 Diffley Road

City Eagan State MN Zip Code 55123-1777

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2012

Transaction ID : **SB30b225714848757V**

Amount of Each Disbursement this Period

62.64

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/15/12 )

Full Name (Last, First, Middle Initial)

**B. Kurt R Sorenson**

Mailing Address 1201 Hilloway Circle

City Burnsville State MN Zip Code 55306-5491

Purpose of Disbursement  
Event Supplies Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2012

Transaction ID : **SB30b496897904452e**

Amount of Each Disbursement this Period

268.31

Full Name (Last, First, Middle Initial)

**C. Duluth Village Mall West LLC**

Mailing Address 306 W Michigan Street  
Suite 300

City Duluth State MN Zip Code 55802-1648

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2012

Transaction ID : **SB30b491877904274e**

Amount of Each Disbursement this Period

933.33

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

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

1201.64

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Staples - Apple Valley**

Mailing Address 14969 Florence Trail

City State Zip Code  
Saint Paul MN 55124-4629

Purpose of Disbursement  
Office Supplies

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
1	0			2	9			2	0	1	2		

**Transaction ID : SB30b498355848770V**

Amount of Each Disbursement this Period

4	7	.	1
---	---	---	---

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/01/12 )

Full Name (Last, First, Middle Initial)

**B. Kurt R Sorenson**

Mailing Address 1201 Hilloway Circle

City State Zip Code  
Burnsville MN 55306-5491

Purpose of Disbursement  
Event Supplies Reimbursement

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
1	1			0	1			2	0	1	2		

**Transaction ID : SB30b496897904507e**

Amount of Each Disbursement this Period

4	7	2	.	3	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. US Mobil**

Mailing Address 12020 County Road 11

City State Zip Code  
Burnsville MN 55337-3016

Purpose of Disbursement  
Event Supplies

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
1	0			2	7			2	0	1	2		

**Transaction ID : SB30b501154848767V**

Amount of Each Disbursement this Period

4	.	9	9
---	---	---	---

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/01/12 )

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

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

4	7	2	.	3	6
---	---	---	---	---	---

4	7	2	.	3	6
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Little Caesars - Burnsville**

Mailing Address 1246 County Road 42 W

City Burnsville State MN Zip Code 55337-4431

Purpose of Disbursement  
Food & Beverage

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 / 17 / 2012

Transaction ID : SB30b501749848771V

Amount of Each Disbursement this Period

32.14

[MEMO ITEM]

Subitemization of Kurt Sorenson ( 11/01/12 )

Full Name (Last, First, Middle Initial)

**B. Little Caesars - Burnsville**

Mailing Address 1246 County Road 42 W

City Burnsville State MN Zip Code 55337-4431

Purpose of Disbursement  
Food & Beverage

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 / 22 / 2012

Transaction ID : SB30b501749848777V

Amount of Each Disbursement this Period

109.27

[MEMO ITEM]

Subitemization of Kurt Sorenson ( 11/01/12 )

Full Name (Last, First, Middle Initial)

**C. Big Discount Liquors**

Mailing Address 12100 County Road 11

City Burnsville State MN Zip Code 55337-3018

Purpose of Disbursement  
Event Supplies

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 / 24 / 2012

Transaction ID : SB30b503642848764V

Amount of Each Disbursement this Period

22.9

[MEMO ITEM]

Subitemization of Kurt Sorenson ( 11/01/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Walgreens - Burnsville**

Mailing Address 2200 Highway 13 E

City Burnsville State MN Zip Code 55337-3030

Purpose of Disbursement  
Office Supplies

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
1	0			2	2			2	0	1	2		

**Transaction ID : SB30b504494848776V**

Amount of Each Disbursement this Period

9
---

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/01/12 )

Full Name (Last, First, Middle Initial)

**B. Kwik Trip - Lakeville**

Mailing Address 16260 Kenrick Avenue

City Lakeville State MN Zip Code 55044-8498

Purpose of Disbursement  
Food & Beverage

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
1	0			2	0			2	0	1	2		

**Transaction ID : SB30b504495848773V**

Amount of Each Disbursement this Period

7.98
------

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/01/12 )

Full Name (Last, First, Middle Initial)

**C. Dollar Trees - Apple Valley**

Mailing Address 7350 153rd Street W

City Saint Paul State MN Zip Code 55124-7039

Purpose of Disbursement  
Event Supplies

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
1	0			2	5			2	0	1	2		

**Transaction ID : SB30b508050848765V**

Amount of Each Disbursement this Period

25.71
-------

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/01/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Target - Apple Valley**

Mailing Address 15150 Cedar Avenue

City State Zip Code  
Saint Paul MN 55124-7056

Purpose of Disbursement  
Event Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	2

**Transaction ID : SB30b508051848766V**

Amount of Each Disbursement this Period

1	1	4	.	1	7
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**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/01/12 )

Full Name (Last, First, Middle Initial)

**B. Jimmy Johns - Burnsville**

Mailing Address 2001 Cliff Road E

City State Zip Code  
Burnsville MN 55337-7023

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB30b508052848768V**

Amount of Each Disbursement this Period

7	.	5
---	---	---

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/01/12 )

Full Name (Last, First, Middle Initial)

**C. McDonalds - Eagan**

Mailing Address 4565 Erin Lake

City State Zip Code  
Eagan MN 55337

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB30b508122848769V**

Amount of Each Disbursement this Period

1	1	.	0	1
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**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/01/12 )

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

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

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Wendy's - Eagan**

Mailing Address 2055 Cliff Road

City State Zip Code  
Saint Paul MN 55122-2314

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 20 / 2012

**Transaction ID : SB30b508124848774V**

Amount of Each Disbursement this Period

15.36

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/01/12 )

Full Name (Last, First, Middle Initial)

**B. Rainbow Foods**

Mailing Address 1540 New Brighton Blvd

City State Zip Code  
Saint Paul MN 55337

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 19 / 2012

**Transaction ID : SB30b508125848775V**

Amount of Each Disbursement this Period

10.28

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/01/12 )

Full Name (Last, First, Middle Initial)

**C. Target - Eagan**

Mailing Address 2000 Cliff Lake Road

City State Zip Code  
Saint Paul MN 55122-2400

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 19 / 2012

**Transaction ID : SB30b498358848772V**

Amount of Each Disbursement this Period

54.95

**[MEMO ITEM]**

Subitemization of Kurt Sorenson ( 11/01/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. QBE**

Mailing Address PO Box 3109

City Milwaukee State WI Zip Code 53201-3109

Purpose of Disbursement  
Employee Workers Comp. Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

Transaction ID : **SB30b501906904597e**

Amount of Each Disbursement this Period

687.82

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Health Partners**

Mailing Address PO Box 1309

City Minneapolis State MN Zip Code 55440-1309

Purpose of Disbursement  
Party Health Insurance/FEA

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2012

Transaction ID : **SB30b218277899214e**

Amount of Each Disbursement this Period

4530.5

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Erik Leist**

Mailing Address 4911 Matterhorn Drive

City Duluth State MN Zip Code 55811-3848

Purpose of Disbursement  
Event Supplies Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2012

Transaction ID : **SB30b214228904267e**

Amount of Each Disbursement this Period

574.69

Category/  
Type

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

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

5793.01

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Erik Leist**

Mailing Address 4911 Matterhorn Drive

City State Zip Code  
Duluth MN 55811-3848

Purpose of Disbursement  
Mileage Reimbursement

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  
12 / 06 / 2012

**Transaction ID : SB30b214228848718V**

Amount of Each Disbursement this Period

83.81

**[MEMO ITEM]**

Subitemization of Erik Leist ( 10/25/12 )

Full Name (Last, First, Middle Initial)

**B. USPS - Duluth**

Mailing Address 4903 Matterhorn Drive

City State Zip Code  
Duluth MN 55811-3851

Purpose of Disbursement  
Postage

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 / 17 / 2012

**Transaction ID : SB30b507822848721V**

Amount of Each Disbursement this Period

9.14

**[MEMO ITEM]**

Subitemization of Erik Leist ( 10/25/12 )

Full Name (Last, First, Middle Initial)

**C. Target Superstore - Duluth**

Mailing Address 1902 Miller Trunk Highway

City State Zip Code  
Duluth MN 55811-1810

Purpose of Disbursement  
Event Supplies

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 / 05 / 2012

**Transaction ID : SB30b440809848725V**

Amount of Each Disbursement this Period

15.1

**[MEMO ITEM]**

Subitemization of Erik Leist ( 10/25/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Target Superstore - Duluth**

Mailing Address 1902 Miller Trunk Highway

City Duluth State MN Zip Code 55811-1810

Purpose of Disbursement  
Office Supplies

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 / 13 / 2012

Transaction ID : SB30b440809848720V

Amount of Each Disbursement this Period

25.63

[MEMO ITEM]

Subitemization of Erik Leist ( 10/25/12 )

Full Name (Last, First, Middle Initial)

**B. T Bonz Grill & Bar**

Mailing Address 2531 W Superior Street

City Duluth State MN Zip Code 55806-1834

Purpose of Disbursement  
Food & Beverage

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 / 13 / 2012

Transaction ID : SB30b507821848719V

Amount of Each Disbursement this Period

83.2

[MEMO ITEM]

Subitemization of Erik Leist ( 10/25/12 )

Full Name (Last, First, Middle Initial)

**C. Pizza Hut - Hermantown**

Mailing Address 17 W Central Entrance

City Duluth State MN Zip Code 55811-3433

Purpose of Disbursement  
Food & Beverage

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 / 06 / 2012

Transaction ID : SB30b501902848722V

Amount of Each Disbursement this Period

27.87

[MEMO ITEM]

Subitemization of Erik Leist ( 10/25/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. USPS - Duluth**

Mailing Address 4903 Matterhorn Drive

City State Zip Code  
Duluth MN 55811-3851

Purpose of Disbursement  
Postage

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		03		2012

**Transaction ID : SB30b507822848727V**

Amount of Each Disbursement this Period

9.14
------

**[MEMO ITEM]**

Subitemization of Erik Leist ( 10/25/12 )

Full Name (Last, First, Middle Initial)

**B. Subway - Hermantown**

Mailing Address 4707 Mall Drive

City State Zip Code  
Hermantown MN 55811-4088

Purpose of Disbursement  
Food & Beverage

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
09		27		2012

**Transaction ID : SB30b507823848726V**

Amount of Each Disbursement this Period

28.99
-------

**[MEMO ITEM]**

Subitemization of Erik Leist ( 10/25/12 )

Full Name (Last, First, Middle Initial)

**C. Cub Foods - Duluth**

Mailing Address 615 W Central Entrance

City State Zip Code  
Duluth MN 55811-5448

Purpose of Disbursement  
Food & Beverage

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		19		2012

**Transaction ID : SB30b507824848728V**

Amount of Each Disbursement this Period

196.32
--------

**[MEMO ITEM]**

Subitemization of Erik Leist ( 10/25/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Office Max - Duluth**

Mailing Address 1023 W Central Entrance

City Duluth State MN Zip Code 55811-5477

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b430598848724V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Erik Leist ( 10/25/12 )

Full Name (Last, First, Middle Initial)

**B. Walmart Hermantown**

Mailing Address 4740 Mall Drive

City Hermantown State MN Zip Code 55811-3939

Purpose of Disbursement  
Event Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b440806848723V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Erik Leist ( 10/25/12 )

Full Name (Last, First, Middle Initial)

**C. Duluth Village Mall West LLC**

Mailing Address 306 W Michigan Street  
Suite 300

City Duluth State MN Zip Code 55802-1648

Purpose of Disbursement  
Rent/FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b491877901537e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Dakota Electric Association**

Mailing Address 4300 220th Street W

City Farmington State MN Zip Code 55024-9003

Purpose of Disbursement  
Utilites/FEA

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 / 25 / 2012

Transaction ID : SB30b501607901527e

Amount of Each Disbursement this Period

237.74

Full Name (Last, First, Middle Initial)

**B. Century Link**

Mailing Address PO Box 660068

City Dallas State TX Zip Code 75266-0068

Purpose of Disbursement  
Phone Service/FEA

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 / 01 / 2012

Transaction ID : SB30b402493904276e

Amount of Each Disbursement this Period

17.5

Full Name (Last, First, Middle Initial)

**C. Walmart - St. Paul**

Mailing Address 1450 University Avenue W

City Saint Paul State MN Zip Code 55104-4012

Purpose of Disbursement  
IT Equipment

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 15 / 2012

Transaction ID : SB30b426302848835V

Amount of Each Disbursement this Period

429.42

**[MEMO ITEM]**  
Subitemization of Kurt Sorenson ( 11/21/12 )

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

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

255.24

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Kurt R Sorenson**

Mailing Address 1201 Hilloway Circle

City Burnsville State MN Zip Code 55306-5491

Purpose of Disbursement  
Equipment Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2012

**Transaction ID : SB30b496897904847e**

Amount of Each Disbursement this Period

429.42

Full Name (Last, First, Middle Initial)

**B. Janet Beihoffer**

Mailing Address 16558 Irwindale Way

City Lakeville State MN Zip Code 55044-4514

Purpose of Disbursement  
Mileage Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

**Transaction ID : SB30b180071904846e**

Amount of Each Disbursement this Period

540

Full Name (Last, First, Middle Initial)

**C. Castle Custom Consultants**

Mailing Address PO Box 26157

City Minneapolis State MN Zip Code 55426-0157

Purpose of Disbursement  
Rent/FEA

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2012

**Transaction ID : SB30b495720904278e**

Amount of Each Disbursement this Period

1537.5

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

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

2506.92



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 1210 Northland Drive  
Suite 100

City Saint Paul State MN Zip Code 55120-1181

Purpose of Disbursement  
Garnishment

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 / 02 / 2012

**Transaction ID : SB30b418908904060e**

Amount of Each Disbursement this Period

1670.5

Full Name (Last, First, Middle Initial)

**B. MN Child Support Center**

Mailing Address PO Box 64306

City Saint Paul State MN Zip Code 55164-0306

Purpose of Disbursement  
Garnishment - MN Child Support

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 / 02 / 2012

**Transaction ID : SB30b421261848660V**

Amount of Each Disbursement this Period

1492.5

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**C. Wi Spt Collections Trust Fund**

Mailing Address 74400 PO Box

City Milwaukee State WI Zip Code 53274-0001

Purpose of Disbursement  
Garnishment - WI Spt Collections

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 / 02 / 2012

**Transaction ID : SB30b423457848661V**

Amount of Each Disbursement this Period

60

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

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

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

1670.50

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Indiana Central Collection Unit**

Mailing Address 200 E Washington Street  
Suite W123

City Indianapolis State IN Zip Code 46204-3335

Purpose of Disbursement  
Garnishment - IN Child Support

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 / 02 / 2012

**Transaction ID : SB30b487042848662V**

Amount of Each Disbursement this Period

118

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**B. MN State Unemployment**

Mailing Address 332 Minnesota Street

City Saint Paul State MN Zip Code 55101-1314

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b422710848599V**

Amount of Each Disbursement this Period

1141.65

**[MEMO ITEM]**

Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 1210 Northland Drive  
Suite 100

City Saint Paul State MN Zip Code 55120-1181

Purpose of Disbursement  
FEA 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 / 19 / 2012

**Transaction ID : SB30b418908904052e**

Amount of Each Disbursement this Period

1141.65

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

1141.65

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

1141.65

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 1210 Northland Drive  
Suite 100

City State Zip Code  
Saint Paul MN 55120-1181

Purpose of Disbursement  
FEA PAYROLL

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 / 02 / 2012

**Transaction ID : SB30b418908904062e**

Amount of Each Disbursement this Period

27744.52

Full Name (Last, First, Middle Initial)

**B. William Milbach**

Mailing Address 1438 Pascal Street N

City State Zip Code  
Saint Paul MN 55108-2437

Purpose of Disbursement  
FEA 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 / 02 / 2012

**Transaction ID : SB30b172986848675V**

Amount of Each Disbursement this Period

1213.8

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**C. Aaron Heidebrink**

Mailing Address 1975 W University Ave  
#242

City State Zip Code  
St Paul MN 55105

Purpose of Disbursement  
FEA 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 / 02 / 2012

**Transaction ID : SB30b173146848670V**

Amount of Each Disbursement this Period

748.18

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

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

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

27744.52

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Sarah Hansen-Jones**

Mailing Address 505 Hoyt Avenue E

City State Zip Code  
Saint Paul MN 55130-3016

Purpose of Disbursement  
FEA 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
11			02			2012			

**Transaction ID : SB30b173067848697V**

Amount of Each Disbursement this Period

299.73
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**B. Joel Chavez**

Mailing Address 475 Dayton Avenue  
Apt. 1

City State Zip Code  
Saint Paul MN 55102-4528

Purpose of Disbursement  
FEA 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
11			02			2012			

**Transaction ID : SB30b173618848708V**

Amount of Each Disbursement this Period

486.29
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**C. Michael A. Wright**

Mailing Address 2477 Indian Way

City State Zip Code  
Saint Paul MN 55109-1613

Purpose of Disbursement  
FEA 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
11			02			2012			

**Transaction ID : SB30b173236848679V**

Amount of Each Disbursement this Period

364.02
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Joel Cary**

Mailing Address 12809 44th PI NE

City State Zip Code  
Saint Michael MN 55376-3030

Purpose of Disbursement  
FEA 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
11			02			2012			

**Transaction ID : SB30b173167848681V**

Amount of Each Disbursement this Period

2306.91
---------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**B. Jacob Schommer**

Mailing Address 792 Juno Avenue

City State Zip Code  
Saint Paul MN 55102-3822

Purpose of Disbursement  
FEA 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
11			02			2012			

**Transaction ID : SB30b174096848704V**

Amount of Each Disbursement this Period

521.94
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**C. Kathleen Hupalo**

Mailing Address 684 Delaware Avenue

City State Zip Code  
Saint Paul MN 55107-2534

Purpose of Disbursement  
FEA 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
11			02			2012			

**Transaction ID : SB30b176320848672V**

Amount of Each Disbursement this Period

389.73
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Joel Chavez**

Mailing Address 475 Dayton Avenue  
Apt. 1

City Saint Paul State MN Zip Code 55102-4528

Purpose of Disbursement  
FEA 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
11			02			2012			

**Transaction ID : SB30b173618848691V**

Amount of Each Disbursement this Period

87.58
-------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**B. Loland L Crocket**

Mailing Address 1164 Mackubin Street  
Apt. 208

City Saint Paul State MN Zip Code 55117-4744

Purpose of Disbursement  
FEA 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
11			02			2012			

**Transaction ID : SB30b455216848693V**

Amount of Each Disbursement this Period

404.79
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**C. Crystal Gardner**

Mailing Address 591 Bay Street

City Saint Paul State MN Zip Code 55102-3903

Purpose of Disbursement  
FEA 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
11			02			2012			

**Transaction ID : SB30b223561848667V**

Amount of Each Disbursement this Period

261.91
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Ryan Lyk**

Mailing Address 2416 Woodland Avenue

City Duluth State MN Zip Code 55803-2347

Purpose of Disbursement  
FEA 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 / 02 / 2012

**Transaction ID : SB30b224344848684V**

Amount of Each Disbursement this Period

286.14

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**B. Robert C. Salender**

Mailing Address 435 University Avenue E

City Saint Paul State MN Zip Code 55130-4437

Purpose of Disbursement  
FEA 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 / 02 / 2012

**Transaction ID : SB30b226071848678V**

Amount of Each Disbursement this Period

643.64

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**C. Brittany D. Leahy**

Mailing Address 591 Bay Street

City Saint Paul State MN Zip Code 55102-3903

Purpose of Disbursement  
FEA 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 / 02 / 2012

**Transaction ID : SB30b227027848673V**

Amount of Each Disbursement this Period

308.53

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

### A. Shari Vig

Mailing Address 1555 Case Avenue

City State Zip Code  
Saint Paul MN 55106-3603

Purpose of Disbursement  
FEA 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
11			02			2012			

Transaction ID : SB30b227149848706V

Amount of Each Disbursement this Period

601.27
--------

[MEMO ITEM]

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

### B. Shawn Ricks

Mailing Address 1871 7th Street E  
Apt. 6

City State Zip Code  
Saint Paul MN 55119-4850

Purpose of Disbursement  
FEA 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
11			02			2012			

Transaction ID : SB30b175468848703V

Amount of Each Disbursement this Period

463.67
--------

[MEMO ITEM]

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

### C. Landrey Mckinzie

Mailing Address 7338 Jewel Avenue S

City State Zip Code  
Cottage Grove MN 55016-2287

Purpose of Disbursement  
FEA 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
11			02			2012			

Transaction ID : SB30b174725848700V

Amount of Each Disbursement this Period

793.11
--------

[MEMO ITEM]

Subitemization of Paychex ( 11/02/12 )

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)

<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 - Federal**

Full Name (Last, First, Middle Initial) <b>A. Lori-Anne Pizzella</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2012
Mailing Address 680 Stewart Avenue		<b>Transaction ID : SB30b174562848677V</b>
City Saint Paul	State MN	
Zip Code 55102-4117	Purpose of Disbursement FEA SALARY	Amount of Each Disbursement this Period 562.04
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Subitemization of Paychex ( 11/02/12 )
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>B. Ronald Huettl</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2012
Mailing Address 1905 Bluestem Lane		<b>Transaction ID : SB30b174233848707V</b>
City Shoreview	State MN	
Zip Code 55126-5017	Purpose of Disbursement FEA SALARY	Amount of Each Disbursement this Period 1655.45
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Subitemization of Paychex ( 11/02/12 )
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>C. Christian Darouni</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2012
Mailing Address 758 Reaney Avenue		<b>Transaction ID : SB30b176787848666V</b>
City Saint Paul	State MN	
Zip Code 55106-4442	Purpose of Disbursement FEA SALARY	Amount of Each Disbursement this Period 1321.31
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Subitemization of Paychex ( 11/02/12 )
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Erik Leist**

Mailing Address 4911 Matterhorn Drive

City Duluth State MN Zip Code 55811-3848

Purpose of Disbursement  
FEA 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 / 02 / 2012

**Transaction ID : SB30b214228848683V**

Amount of Each Disbursement this Period

1115.99

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**B. Alexander Argo**

Mailing Address 9428 Erin Court

City Woodbury State MN Zip Code 55129-9756

Purpose of Disbursement  
FEA 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 / 02 / 2012

**Transaction ID : SB30b178956848689V**

Amount of Each Disbursement this Period

434.43

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**C. Abby Michaud**

Mailing Address 14174 Franklin Avenue NW

City Clearwater State MN Zip Code 55320-2162

Purpose of Disbursement  
FEA 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 / 02 / 2012

**Transaction ID : SB30b190243848680V**

Amount of Each Disbursement this Period

1366.24

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. William Hastreiter**

Mailing Address 580 Grand Avenue  
Apt. 2

City Saint Paul State MN Zip Code 55102-2687

Purpose of Disbursement  
FEA 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
1	1	1		0	2			2	0	1	2		

**Transaction ID : SB30b222320848669V**

Amount of Each Disbursement this Period

9	3	1	.	7	8
---	---	---	---	---	---

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**B. Thomas Hoffman**

Mailing Address 6051 Courtly Alcove

City Woodbury State MN Zip Code 55125-1932

Purpose of Disbursement  
FEA 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
1	1	1		0	2			2	0	1	2		

**Transaction ID : SB30b193841848671V**

Amount of Each Disbursement this Period

6	7	6	.	2	4
---	---	---	---	---	---

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**C. Matthew Cross**

Mailing Address 744 Randolph Avenue

City Saint Paul State MN Zip Code 55102-3414

Purpose of Disbursement  
FEA 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
1	1	1		0	2			2	0	1	2		

**Transaction ID : SB30b220076848694V**

Amount of Each Disbursement this Period

3	8	0	.	7	6
---	---	---	---	---	---

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

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

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

0	0	0
---	---	---

0	0	0
---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Raymond Cook**

Mailing Address 749 Magnolia Avenue E

City State Zip Code  
Saint Paul MN 55106-3128

Purpose of Disbursement  
FEA 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
1	1	1		0	2			2	0	1	2		

**Transaction ID : SB30b223031848692V**

Amount of Each Disbursement this Period

1	6	1	.	3	3
---	---	---	---	---	---

**[MEMO ITEM]**  
Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**B. Lois Freeman**

Mailing Address 119 Arlington Lane

City State Zip Code  
Saint Paul MN 55117

Purpose of Disbursement  
FEA 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
1	1	1		0	2			2	0	1	2		

**Transaction ID : SB30b492842848696V**

Amount of Each Disbursement this Period

3	2	0	.	5	5
---	---	---	---	---	---

**[MEMO ITEM]**  
Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**C. Julie C Moy**

Mailing Address 85 Leech Street

City State Zip Code  
Saint Paul MN 55102-2736

Purpose of Disbursement  
FEA 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
1	1	1		0	2			2	0	1	2		

**Transaction ID : SB30b480238848701V**

Amount of Each Disbursement this Period

6	5	3	.	4	2
---	---	---	---	---	---

**[MEMO ITEM]**  
Subitemization of Paychex ( 11/02/12 )

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

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

0	0	0	.	0	0
---	---	---	---	---	---

0	0	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Katherine Boyd**

Mailing Address 606 Barrington Drive E

City State Zip Code  
Shakopee MN 55379-8981

Purpose of Disbursement  
FEA 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 / 02 / 2012

**Transaction ID : SB30b501909848682V**

Amount of Each Disbursement this Period

217.72

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**B. Benjamin J Zierke**

Mailing Address 28587 Jeffery Avenue

City State Zip Code  
Chisago City MN 55013-9680

Purpose of Disbursement  
FEA 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 / 02 / 2012

**Transaction ID : SB30b472232848688V**

Amount of Each Disbursement this Period

1509.73

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**C. Francis Dana Payne III**

Mailing Address 1314 Marquette Avenue  
Apt. 605

City State Zip Code  
Minneapolis MN 55403-4119

Purpose of Disbursement  
FEA 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 / 02 / 2012

**Transaction ID : SB30b476812848702V**

Amount of Each Disbursement this Period

1098.87

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Eugene Fields**

Mailing Address 417 Grand Avenue  
Apt. 10

City Saint Paul State MN Zip Code 55102-2635

Purpose of Disbursement  
FEA 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 / 02 / 2012

**Transaction ID : SB30b480157848695V**

Amount of Each Disbursement this Period

405.27

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**B. Stephanie D Highley**

Mailing Address 782 Geranium Avenue E

City Saint Paul State MN Zip Code 55106-2534

Purpose of Disbursement  
FEA 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 / 02 / 2012

**Transaction ID : SB30b455989848698V**

Amount of Each Disbursement this Period

152.74

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**C. Joseph R Bauman**

Mailing Address 435 University Avenue E

City Saint Paul State MN Zip Code 55130-4437

Purpose of Disbursement  
FEA 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 / 02 / 2012

**Transaction ID : SB30b463485848690V**

Amount of Each Disbursement this Period

305.71

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Stephen D Greene**

Mailing Address 325 Marie

City State Zip Code  
Saint Paul MN 55106

Purpose of Disbursement  
FEA 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
11			02			2012			

**Transaction ID : SB30b455563848668V**

Amount of Each Disbursement this Period

117.02
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**B. Carol Mason**

Mailing Address 1390 Edmund Avenue

City State Zip Code  
Saint Paul MN 55104-2426

Purpose of Disbursement  
FEA 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
11			02			2012			

**Transaction ID : SB30b456202848674V**

Amount of Each Disbursement this Period

296.1
-------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**C. John L Nelson**

Mailing Address 685 Maryland Avenue E  
Apt. 1

City State Zip Code  
Saint Paul MN 55106-2524

Purpose of Disbursement  
FEA 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
11			02			2012			

**Transaction ID : SB30b456372848676V**

Amount of Each Disbursement this Period

193.16
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Sean Ness**

Mailing Address 1758 Dayton Avenue

City State Zip Code  
Saint Paul MN 55104-6001

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 02 / 2012

**Transaction ID : SB30b456618848685V**

Amount of Each Disbursement this Period

308.58

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**B. Heather Rubash**

Mailing Address 501 Waconia Parkway N  
Apt. 306

City State Zip Code  
Waconia MN 55387-1091

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 02 / 2012

**Transaction ID : SB30b172840848686V**

Amount of Each Disbursement this Period

1299.33

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**C. Steven Mcallister**

Mailing Address 14793 Sherbrooke Beach Road

City State Zip Code  
Pelican Rapids MN 56572-9333

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 02 / 2012

**Transaction ID : SB30b132626848699V**

Amount of Each Disbursement this Period

365.09

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Kurt R Sorenson**

Mailing Address 1201 Hilloway Circle

City Burnsville State MN Zip Code 55306-5491

Purpose of Disbursement  
FEA 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
11			02			2012			

**Transaction ID : SB30b496897848687V**

Amount of Each Disbursement this Period

1486.43
---------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**B. Marcellous R Taylor**

Mailing Address 5331 Penn Avenue S

City Minneapolis State MN Zip Code 55419-1056

Purpose of Disbursement  
FEA 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
11			02			2012			

**Transaction ID : SB30b507589848705V**

Amount of Each Disbursement this Period

227.99
--------

**[MEMO ITEM]**

Subitemization of Paychex ( 11/02/12 )

Full Name (Last, First, Middle Initial)

**C. Airnet**

Mailing Address PO Box 11181

City Chattanooga State TN Zip Code 37401-2181

Purpose of Disbursement  
Phone Services/FEA

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
10			23			2012			

**Transaction ID : SB30b495719901525e**

Amount of Each Disbursement this Period

4489.63
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4489.63
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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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Airnet**

Mailing Address PO Box 11181

City Chattanooga State TN Zip Code 37401-2181

Purpose of Disbursement  
Phone Service/FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 15 / 2012

Transaction ID : **SB30b495719904285e**

Amount of Each Disbursement this Period

3773.41

Full Name (Last, First, Middle Initial)

**B. Targeted Creative Communication**

Mailing Address 1000 Duke Street

City Alexandria State VA Zip Code 22314-3512

Purpose of Disbursement  
Absentee Ballot Mailing

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 / 19 / 2012

Transaction ID : **SB30b403421901532e**

Amount of Each Disbursement this Period

20910

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 1210 Northland Drive  
Suite 100

City Saint Paul State MN Zip Code 55120-1181

Purpose of Disbursement  
Garnishment

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 / 19 / 2012

Transaction ID : **SB30b418908904055e**

Amount of Each Disbursement this Period

1669.51

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

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

26352.92

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. MN Child Support Center**

Mailing Address PO Box 64306

City State Zip Code  
Saint Paul MN 55164-0306

Purpose of Disbursement  
Garnishment - MN Child Support

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : **SB30b421261848605V**

Amount of Each Disbursement this Period

1491.51
---------

**[MEMO ITEM]**  
Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**B. Wi Spt Collections Trust Fund**

Mailing Address 74400 PO Box

City State Zip Code  
Milwaukee WI 53274-0001

Purpose of Disbursement  
Garnishment - WI Spt Collections

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : **SB30b423457848606V**

Amount of Each Disbursement this Period

60
----

**[MEMO ITEM]**  
Subitemization of Paychex ( 10/19/12 )

Full Name (Last, First, Middle Initial)

**C. Indiana Central Collection Unit**

Mailing Address 200 E Washington Street  
Suite W123

City State Zip Code  
Indianapolis IN 46204-3335

Purpose of Disbursement  
Garnishment - IN Child Support

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : **SB30b487042848607V**

Amount of Each Disbursement this Period

118
-----

**[MEMO ITEM]**  
Subitemization of Paychex ( 10/19/12 )

**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)

<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 - Federal**

Full Name (Last, First, Middle Initial)

**A. Office Max - St. Paul**

Mailing Address 1490 University Avenue W

City State Zip Code  
Saint Paul MN 55104-3901

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

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

**Transaction ID : SB30b404966848838V**

Amount of Each Disbursement this Period

3	4	.	4	3
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**[MEMO ITEM]**

Subitemization of Abby Michaud ( 11/19/12 )

Full Name (Last, First, Middle Initial)

**B. Domino's Pizza - Downtown St. Paul**

Mailing Address 477 Saint Peter Street

City State Zip Code  
Saint Paul MN 55102-1110

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

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

**Transaction ID : SB30b423464848837V**

Amount of Each Disbursement this Period

7	4	.	1	2
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**[MEMO ITEM]**

Subitemization of Abby Michaud ( 11/19/12 )

Full Name (Last, First, Middle Initial)

**C. At&t Mobility**

Mailing Address PO Box 6438

City State Zip Code  
Carol Stream IL 60197-6438

Purpose of Disbursement  
Cell Phone

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	2

**Transaction ID : SB30b428483848836V**

Amount of Each Disbursement this Period

1	0	0
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**[MEMO ITEM]**

Subitemization of Abby Michaud ( 11/19/12 )

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

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

0	0	0
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0	0	0
---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. At&t Mobility**

Mailing Address PO Box 6438

City Carol Stream State IL Zip Code 60197-6438

Purpose of Disbursement  
Cell Phone

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2012

**Transaction ID : SB30b428483848840V**

Amount of Each Disbursement this Period

100

**[MEMO ITEM]**

Subitemization of Abby Michaud ( 11/19/12 )

Full Name (Last, First, Middle Initial)

**B. Jimmy Johns**

Mailing Address 975 Grand Avenue

City Saint Paul State MN Zip Code 55105-3053

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB30b428674848841V**

Amount of Each Disbursement this Period

25.34

**[MEMO ITEM]**

Subitemization of Abby Michaud ( 11/19/12 )

Full Name (Last, First, Middle Initial)

**C. Perrier on Grand**

Mailing Address 666 Grand Avenue

City Saint Paul State MN Zip Code 55105-3402

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2012

**Transaction ID : SB30b508627848839V**

Amount of Each Disbursement this Period

58.97

**[MEMO ITEM]**

Subitemization of Abby Michaud ( 11/19/12 )

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

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

0.00

58.97

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Abby Michaud**

Mailing Address 14174 Franklin Avenue NW

City Clearwater State MN Zip Code 55320-2162

Purpose of Disbursement  
Cell Phone/Supplies Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Retire Debt -

State: District:

Date of Disbursement

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

Transaction ID : SB30b190243904844e

Amount of Each Disbursement this Period

3	9	2	.	8	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Century Link**

Mailing Address PO Box 660068

City Dallas State TX Zip Code 75266-0068

Purpose of Disbursement  
Phone Service/FEA

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

Transaction ID : SB30b402493904277e

Amount of Each Disbursement this Period

2	7	.	7	2
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	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)..... ▶

4	2	0	.	5	8
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1	8	1	6	5	8	.	8	2
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SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Republican Party of Minnesota - Federal** Transaction ID : **SC/10-L802079**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Alliance Bank	Election: 1990 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 444 Cedar Street	
City Saint Paul State MN ZIP Code 55101-2179	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
208043.66	96796.73	111246.93

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y  /  /

Interest Rate:  % (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="111246.93"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **Republican Party of Minnesota - Federal** Transaction ID : **SC/10-L575213**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Alliance Bank	Election: 1990 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 444 Cedar Street	
City Saint Paul State MN ZIP Code 55101-2179	

Original Amount of Loan 20000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 20000
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**TERMS**

Date Incurred MM / DD / YYYY 07 / 01 / 2010	Date Due MM / DD / YYYY 07 / 01 / 2011	Interest Rate 5.00 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	20000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	131246.93

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 185 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Visi Inc.</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party Computer Services
Mailing Address 10290 W 70th Street	
City State Zip Code Eden Prairie MN 55344-3440	

Outstanding Balance Beginning This Period <input type="text" value="400"/>	<b>Transaction ID : SD10-DEBT904831</b>	
Amount Incurred This Period <input type="text" value="400"/>	Payment This Period <input type="text" value="400"/>	Outstanding Balance at Close of This Period <input type="text" value="400"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Trimble &amp; Associates</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Legal Fees
Mailing Address 10210 WAYZATA BLVD SUITE 130	
City State Zip Code Hopkins MN 55305	

Outstanding Balance Beginning This Period <input type="text" value="38289.82"/>	<b>Transaction ID : SD10-DEBT872719</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="38289.82"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SMD Copy Systems</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Equipment Maintenance
Mailing Address 6520 W Lake Street	
City State Zip Code Minneapolis MN 55426-4205	

Outstanding Balance Beginning This Period <input type="text" value="1079.98"/>	<b>Transaction ID : SD10-DEBT904875</b>	
Amount Incurred This Period <input type="text" value="213.46"/>	Payment This Period <input type="text" value="1079.98"/>	Outstanding Balance at Close of This Period <input type="text" value="213.46"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="38903.28"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 186 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lexis Nexis</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Office Computer Services
Mailing Address 2314 Po Box	
City State Zip Code Carol Stream IL 60132-0001	

Outstanding Balance Beginning This Period 2496.52	<b>Transaction ID : SD10-DEBT904598</b>	
Amount Incurred This Period 0	Payment This Period 1000	Outstanding Balance at Close of This Period 1496.52

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Hub Properties Trust</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party Office Rent
Mailing Address Reit Management Research 330 2nd. Ave. S Suite 110	
City State Zip Code Minneapolis MN 55401	

Outstanding Balance Beginning This Period -7040.5	<b>Transaction ID : SD10-DEBT885281</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period -7040.5

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>All American Self Storage</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Storage
Mailing Address 1500 Marshall Avenue	
City State Zip Code Saint Paul MN 55104-6317	

Outstanding Balance Beginning This Period 256	<b>Transaction ID : SD10-DEBT905052</b>	
Amount Incurred This Period 256	Payment This Period 256	Outstanding Balance at Close of This Period 256

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	-5287.98
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 187 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cardinals FEC Compliance Services</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: FEC Compliance Services/Accounting
Mailing Address 6053 Hudson Road	
City State Zip Code Woodbury MN 55125-1015	

Outstanding Balance Beginning This Period <input type="text" value="85408.48"/>	<b>Transaction ID : SD10-DEBT904824</b>	
Amount Incurred This Period <input type="text" value="1914.8"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="87323.28"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bryan Cave LLP</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Legal Fees
Mailing Address 700 13th Street NW	
City State Zip Code Washington DC 20005-3960	

Outstanding Balance Beginning This Period <input type="text" value="25482.92"/>	<b>Transaction ID : SD10-DEBT873512</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="25482.92"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Zayo Enterprise Networks</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: NOTE: VENDOR CREDIT FOR INTERNET
Mailing Address PO Box 952151	
City State Zip Code Dallas TX 75395-0001	

Outstanding Balance Beginning This Period <input type="text" value="3228.9"/>	<b>Transaction ID : SD10-DEBT901544</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="3228.9"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="116035.10"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 188 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Popp.com</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party Telephone Service
Mailing Address PO Box 27110	
City State Zip Code Minneapolis MN 55427-0110	

Outstanding Balance Beginning This Period 5999.11	<b>Transaction ID : SD10-DEBT904830</b>	
Amount Incurred This Period 10048.19	Payment This Period 5999.11	Outstanding Balance at Close of This Period 10048.19

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RBA Consulting</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party Software Consulting
Mailing Address 445 Lake Street E Suite 120	
City State Zip Code Wayzata MN 55391-1670	

Outstanding Balance Beginning This Period 10000	<b>Transaction ID : SD10-DEBT871984</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 10000

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Amato &amp; Associates, llc</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party IT/Web Services
Mailing Address PO Box 879	
City State Zip Code Hopkins MN 55343-0879	

Outstanding Balance Beginning This Period 5000	<b>Transaction ID : SD10-DEBT872973</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 5000

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	25048.19
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 189 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Business Data Records</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Data Storage
Mailing Address 201 9th Avenue SW	
City State Zip Code Saint Paul MN 55112-3211	

Outstanding Balance Beginning This Period 46.52	<b>Transaction ID : SD10-DEBT904823</b>	
Amount Incurred This Period 46.88	Payment This Period 46.52	Outstanding Balance at Close of This Period 46.88

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Verizon Wireless</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party Cell Phone Services
Mailing Address PO Box 25505	
City State Zip Code Lehigh Valley PA 18002-5505	

Outstanding Balance Beginning This Period 776.76	<b>Transaction ID : SD10-DEBT905057</b>	
Amount Incurred This Period 1581.18	Payment This Period 0	Outstanding Balance at Close of This Period 2357.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Wiley Rein LLP</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Legal Fees
Mailing Address 1776 K Street NW	
City State Zip Code Washington DC 20006-2304	

Outstanding Balance Beginning This Period 18795.26	<b>Transaction ID : SD10-DEBT872798</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 18795.26

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	21200.08
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 190 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Republican Party of Minnesota - Non-Federal Account</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Pre-Allocation Transfers
Mailing Address 525 Park Street Suite 250	
City State Zip Code Saint Paul MN 55103-2145	

Outstanding Balance Beginning This Period <input type="text" value="40830.63"/>	<b>Transaction ID : SD10-DEBT873538</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="40830.63"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Barbara Linert</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Office Supplies Reimbursement
Mailing Address 4282 Braddock Trail	
City State Zip Code Eagan MN 55123-1941	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT905054</b>	
Amount Incurred This Period <input type="text" value="75.53"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="75.53"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Joel Cary</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: IT Equipment Reimbursement
Mailing Address 12809 44th PI NE	
City State Zip Code Saint Michael MN 55376-3030	

Outstanding Balance Beginning This Period <input type="text" value="105.74"/>	<b>Transaction ID : SD10-DEBT901540</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="105.74"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="75.53"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 191 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Thomas Petters</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Contribution Refund
Mailing Address 6429 Margarets Lane	
City State Zip Code Edina MN 55439-1017	

Outstanding Balance Beginning This Period 10000	<b>Transaction ID : SD10-DEBT897208</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 10000

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>William Hastreiter</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Travel Reimbursement
Mailing Address 580 Grand Avenue Apt. 2	
City State Zip Code Saint Paul MN 55102-2687	

Outstanding Balance Beginning This Period 130.67	<b>Transaction ID : SD10-DEBT901541</b>	
Amount Incurred This Period 0	Payment This Period 130.67	Outstanding Balance at Close of This Period 0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Direct Mail Systems</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Direct Mailing
Mailing Address 12450 Automobile Boulevard	
City State Zip Code Clearwater FL 33762-4427	

Outstanding Balance Beginning This Period 38391.26	<b>Transaction ID : SD10-DEBT872734</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 38391.26

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	48391.26
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 192 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Minneapolis Club</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Meals
Mailing Address 729 2nd Avenue S	
City State Zip Code Minneapolis MN 55402-2405	

Outstanding Balance Beginning This Period 486.58	<b>Transaction ID : SD10-DEBT888396</b>	
Amount Incurred This Period 0	Payment This Period 486.58	Outstanding Balance at Close of This Period 0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Trimble &amp; Associates</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Legal Fees
Mailing Address 10210 WAYZATA BLVD SUITE 130	
City State Zip Code Hopkins MN 55305	

Outstanding Balance Beginning This Period 30234.65	<b>Transaction ID : SD10-DEBT904591</b>	
Amount Incurred This Period 0	Payment This Period 1019.73	Outstanding Balance at Close of This Period 29214.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Resolution Graphics</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Envelope Printing
Mailing Address 3725 Dunlap Street N	
City State Zip Code Saint Paul MN 55112-6968	

Outstanding Balance Beginning This Period 10331.05	<b>Transaction ID : SD10-DEBT899219</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 10331.05

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	39545.97
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 193 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Neopost</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Fundraising Postage/Non-FEA
Mailing Address PO Box 73727	
City State Zip Code Chicago IL 60673-7727	

Outstanding Balance Beginning This Period 1942.27	<b>Transaction ID : SD10-DEBT888406</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 1942.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Public Opinion Strategies</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Polling
Mailing Address 277 S Washington Street Suite 320	
City State Zip Code Alexandria VA 22314-3646	

Outstanding Balance Beginning This Period 29500	<b>Transaction ID : SD10-DEBT871981</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 29500

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Hub Properties Trust</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Office Rent
Mailing Address Reit Management Research 330 2nd. Ave. S Suite 110	
City State Zip Code Minneapolis MN 55401	

Outstanding Balance Beginning This Period 20745.22	<b>Transaction ID : SD10-DEBT904592</b>	
Amount Incurred This Period 0	Payment This Period 13704.72	Outstanding Balance at Close of This Period 7040.5

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	38482.77
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 194 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>FLS Connect</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Fundraising Telemarketing
Mailing Address 7300 Hudson Boulevard N Suite 270	
City State Zip Code Saint Paul MN 55128-7143	

Outstanding Balance Beginning This Period <input type="text" value="83960.53"/>	<b>Transaction ID : SD10-DEBT879596</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="83960.53"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Pinnacle Direct, Inc.</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Fundraising Mail/Non-Candidate
Mailing Address 15260 113th Street N	
City State Zip Code Stillwater MN 55082-9575	

Outstanding Balance Beginning This Period <input type="text" value="17105.35"/>	<b>Transaction ID : SD10-DEBT904874</b>	
Amount Incurred This Period <input type="text" value="148.07"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="17253.42"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Clientserv, LLC</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Cobra Service Fee
Mailing Address 7201 Juniper Avenue	
City State Zip Code Excelsior MN 55331-9614	

Outstanding Balance Beginning This Period <input type="text" value="29.58"/>	<b>Transaction ID : SD10-DEBT896742</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="29.58"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="101213.95"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 195 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Aristotle International, Inc.</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: FEC reporting software
Mailing Address 205 Pennsylvania Avenue SE	
City State Zip Code Washington DC 20003-1164	

Outstanding Balance Beginning This Period 1800	<b>Transaction ID : SD10-DEBT896738</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 1800

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cardinals FEC Compliance Services</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: FEC Compliance Services/Accounting
Mailing Address 6053 Hudson Road	
City State Zip Code Woodbury MN 55125-1015	

Outstanding Balance Beginning This Period 40175.9	<b>Transaction ID : SD10-DEBT870983</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 40175.9

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Staples Business Advantage</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Office Supplies
Mailing Address PO Box 9368	
City State Zip Code Framingham MA 01701-9368	

Outstanding Balance Beginning This Period 60.7	<b>Transaction ID : SD10-DEBT901546</b>	
Amount Incurred This Period 0	Payment This Period 80.15	Outstanding Balance at Close of This Period -19.45

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	41956.45
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 196 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bryan Cave LLP</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Legal Fees
Mailing Address 700 13th Street NW	
City State Zip Code Washington DC 20005-3960	

Outstanding Balance Beginning This Period 52930.3	<b>Transaction ID : SD10-DEBT845289</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 52930.3

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Comcast Corporation PAC</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Refund of Contribution
Mailing Address 1500 Market Street	
City State Zip Code Philadelphia PA 19102-2100	

Outstanding Balance Beginning This Period 5000	<b>Transaction ID : SD10-DEBT871944</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 5000

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Southwest Publishing</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Mailhouse Printing
Mailing Address 2600 NW Topeka Boulevard	
City State Zip Code Topeka KS 66617-1160	

Outstanding Balance Beginning This Period 22359.38	<b>Transaction ID : SD10-DEBT904590</b>	
Amount Incurred This Period 0	Payment This Period 1200	Outstanding Balance at Close of This Period 21159.38

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	79089.68
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 197 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Pinnacle List Company</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Generic Party Printing
Mailing Address 2800 S Shirlington Road Suite 401	
City State Zip Code Arlington VA 22206-3608	

Outstanding Balance Beginning This Period <input type="text" value="4236.37"/>	<b>Transaction ID : SD10-DEBT831921</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="4236.37"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cardmember Services</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Credit Card Interest
Mailing Address PO Box 790408	
City State Zip Code Saint Louis MO 63179-0408	

Outstanding Balance Beginning This Period <input type="text" value="23945.37"/>	<b>Transaction ID : SD10-DEBT904825</b>	
Amount Incurred This Period <input type="text" value="189.54"/>	Payment This Period <input type="text" value="468"/>	Outstanding Balance at Close of This Period <input type="text" value="23666.91"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RBA Consulting</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Software Consulting
Mailing Address 445 Lake Street E Suite 120	
City State Zip Code Wayzata MN 55391-1670	

Outstanding Balance Beginning This Period <input type="text" value="4775"/>	<b>Transaction ID : SD10-DEBT843537</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="4775"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="32678.28"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 198 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>P2b Strategies, Inc</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Mail Design & Printing
Mailing Address 4750 E 53rd Street Apt. 206	
City State Zip Code Minneapolis MN 55417-2357	

Outstanding Balance Beginning This Period <input type="text" value="13716.08"/>	<b>Transaction ID : SD10-DEBT904599</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="1950"/>	Outstanding Balance at Close of This Period <input type="text" value="11766.08"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Amato &amp; Associates, llc</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party IT/Web Services
Mailing Address PO Box 879	
City State Zip Code Hopkins MN 55343-0879	

Outstanding Balance Beginning This Period <input type="text" value="3007.5"/>	<b>Transaction ID : SD10-DEBT840867</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="3007.5"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>US Post Office</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Business Reply Account
Mailing Address 401 Kellogg Boulevard E	
City State Zip Code Saint Paul MN 55101-1427	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT904877</b>	
Amount Incurred This Period <input type="text" value="795"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="795"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="15568.58"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 199 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Siemens Enterprise Communications</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Yearly Maintenance Fee for Dialer
Mailing Address 1001 NW 51st Street	
City State Zip Code Boca Raton FL 33431-4403	

Outstanding Balance Beginning This Period <input type="text" value="3840.96"/>	<b>Transaction ID : SD10-DEBT904878</b>	
Amount Incurred This Period <input type="text" value="13.74"/>	Payment This Period <input type="text" value="1500"/>	Outstanding Balance at Close of This Period <input type="text" value="2354.7"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Capital Direct</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Mailing
Mailing Address 2915 Commers Drive Suite 1000	
City State Zip Code Saint Paul MN 55121-2470	

Outstanding Balance Beginning This Period <input type="text" value="3431.86"/>	<b>Transaction ID : SD10-DEBT897213</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="3431.86"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Newspaperclips.com</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Subscriptions
Mailing Address PO Box 193	
City State Zip Code Bell FL 32619-0193	

Outstanding Balance Beginning This Period <input type="text" value="676"/>	<b>Transaction ID : SD10-DEBT880344</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="676"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="6462.56"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 200 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Wiley Rein LLP</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Legal Fees
Mailing Address 1776 K Street NW	
City State Zip Code Washington DC 20006-2304	

Outstanding Balance Beginning This Period 130.4	<b>Transaction ID : SD10-DEBT876907</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 130.4

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Coffee Mill, Inc.</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Water Cooler Rental
Mailing Address 9200 Wyoming Ave North Suite 300	
City State Zip Code Brooklyn Park MN 55445-1845	

Outstanding Balance Beginning This Period 107.64	<b>Transaction ID : SD10-DEBT904826</b>	
Amount Incurred This Period 107.64	Payment This Period 107.64	Outstanding Balance at Close of This Period 107.64

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Century Link</b>	Nature of Debt (Purpose): FEA 100% Federal: Phone Services/FEA
Mailing Address PO Box 660068	
City State Zip Code Dallas TX 75266-0068	

Outstanding Balance Beginning This Period 296.67	<b>Transaction ID : SD10-DEBT901535</b>	
Amount Incurred This Period 0	Payment This Period 296.67	Outstanding Balance at Close of This Period 0

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	238.04
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 201 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Targeted Creative Communication</b>	Nature of Debt (Purpose): FEA 100% Federal: Absentee Ballot Mailing
Mailing Address 1000 Duke Street	
City State Zip Code Alexandria VA 22314-3512	

Outstanding Balance Beginning This Period <input type="text" value="20910"/>	<b>Transaction ID : SD10-DEBT901532</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="20910"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Minnesota Dept of Health</b>	Nature of Debt (Purpose): FEA 100% Federal: List Enhancement
Mailing Address PO Box 64882	
City State Zip Code Saint Paul MN 55164-0882	

Outstanding Balance Beginning This Period <input type="text" value="30"/>	<b>Transaction ID : SD10-DEBT904828</b>	
Amount Incurred This Period <input type="text" value="15"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="45"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Assurant Employee Benefits</b>	Nature of Debt (Purpose): FEA 100% Federal: Employee Life & Disab. Benefits
Mailing Address 2323 Grand Boulevard	
City State Zip Code Kansas City MO 64108-2670	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT905053</b>	
Amount Incurred This Period <input type="text" value="110.15"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="110.15"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="155.15"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 202 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Delta Dental</b>	Nature of Debt (Purpose): FEA 100% Federal: Party Dental Insurance
Mailing Address 345 Saint Peter Street	
City State Zip Code Saint Paul MN 55102-1211	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT905055</b>	
Amount Incurred This Period <input type="text" value="228.75"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="228.75"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Look Sign, Inc.</b>	Nature of Debt (Purpose): FEA 100% Federal: Signs
Mailing Address 5635 142nd Avenue NW	
City State Zip Code Anoka MN 55303-4625	

Outstanding Balance Beginning This Period <input type="text" value="7458.58"/>	<b>Transaction ID : SD10-DEBT899217</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="7458.58"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>United States Treasury</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Contribution Refunds
Mailing Address 1500 Pennsylvania Avenue NW	
City State Zip Code Washington DC 20229-0003	

Outstanding Balance Beginning This Period <input type="text" value="31000"/>	<b>Transaction ID : SD10-DEBT880337</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="31000"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="31228.75"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 203 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Brady Dube</b>	Nature of Debt (Purpose): FEA 100% Federal: Travel Reimbursement
Mailing Address 11466 Basswood Lane N	
City State Zip Code Champlin MN 55316-1919	

Outstanding Balance Beginning This Period <input type="text" value="724.84"/>	<b>Transaction ID : SD10-DEBT901534</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="724.84"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Health Partners</b>	Nature of Debt (Purpose): FEA 100% Federal: Party Health Insurance/FEA
Mailing Address PO Box 1309	
City State Zip Code Minneapolis MN 55440-1309	

Outstanding Balance Beginning This Period <input type="text" value="4530.5"/>	<b>Transaction ID : SD10-DEBT905056</b>	
Amount Incurred This Period <input type="text" value="8304.1"/>	Payment This Period <input type="text" value="4530.5"/>	Outstanding Balance at Close of This Period <input type="text" value="8304.1"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Airnet</b>	Nature of Debt (Purpose): FEA 100% Federal: Phone Services/FEA
Mailing Address PO Box 11181	
City State Zip Code Chattanooga TN 37401-2181	

Outstanding Balance Beginning This Period <input type="text" value="4489.63"/>	<b>Transaction ID : SD10-DEBT901525</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="4489.63"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="8304.10"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 204 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>S &amp; S Promotional Group</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Buttons
Mailing Address 3242 4th Avenue S	
City State Zip Code Fargo ND 58103-2242	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT904879</b>	
Amount Incurred This Period <input type="text" value="2658.38"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="2658.38"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Donehue Direct</b>	Nature of Debt (Purpose): FEA 100% Federal: Political Consulting
Mailing Address PO Box 7431	
City State Zip Code Columbia SC 29202-7431	

Outstanding Balance Beginning This Period <input type="text" value="8000"/>	<b>Transaction ID : SD10-DEBT901526</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="8000"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kurt R Sorenson</b>	Nature of Debt (Purpose): FEA 100% Federal: Travel Reimbursement
Mailing Address 1201 Hilloway Circle	
City State Zip Code Burnsville MN 55306-5491	

Outstanding Balance Beginning This Period <input type="text" value="107.84"/>	<b>Transaction ID : SD10-DEBT901523</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="107.84"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="10658.38"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 205 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Duluth Village Mall West LLC</b>	Nature of Debt (Purpose): FEA 100% Federal: Rent/FEA
Mailing Address 306 W Michigan Street Suite 300	
City State Zip Code Duluth MN 55802-1648	

Outstanding Balance Beginning This Period <input type="text" value="2000"/>	<b>Transaction ID : SD10-DEBT901537</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="2000"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Joel Cary</b>	Nature of Debt (Purpose): Fundraising: Equipment Purchase Reimbursement
Mailing Address 12809 44th PI NE	
City State Zip Code Saint Michael MN 55376-3030	

Outstanding Balance Beginning This Period <input type="text" value="1135.85"/>	<b>Transaction ID : SD10-DEBT901538</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="1135.85"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Waste Management</b>	Nature of Debt (Purpose): FEA 100% Federal: Waste Utilities/FEA
Mailing Address 1001 Fannin Street Suite 4000	
City State Zip Code Houston TX 77002-6711	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT904832</b>	
Amount Incurred This Period <input type="text" value="70.13"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="70.13"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="70.13"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 206 OF 231
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Minnesota - Federal**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Dakota Electric Association</b>	Nature of Debt (Purpose): FEA 100% Federal: Utilites/FEA
Mailing Address 4300 220th Street W	
City State Zip Code Farmington MN 55024-9003	

Outstanding Balance Beginning This Period <input type="text" value="237.74"/>	<b>Transaction ID : SD10-DEBT901527</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="237.74"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MCI Communication Service</b>	Nature of Debt (Purpose): FEA 100% Federal: Phone Service/FEA
Mailing Address PO Box 371815	
City State Zip Code Pittsburgh PA 15250-7815	

Outstanding Balance Beginning This Period <input type="text" value="160.47"/>	<b>Transaction ID : SD10-DEBT904827</b>	
Amount Incurred This Period <input type="text" value="209.42"/>	Payment This Period <input type="text" value="160.47"/>	Outstanding Balance at Close of This Period <input type="text" value="209.42"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gridiron Communications</b>	Nature of Debt (Purpose): Independent Expenditure: Political Mail Piece
Mailing Address 12650 Adams Road	
City State Zip Code Granger IN 46530-6828	

Outstanding Balance Beginning This Period <input type="text" value="20066.8"/>	<b>Transaction ID : SD10-DEBT904848</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="20066.8"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="209.42"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="650227.67"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="131246.93"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="781474.60"/>

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

NAME OF COMMITTEE (In Full) <b>Republican Party of Minnesota - Federal</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00001313
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Gridiron Communications</b>		Date MM / DD / YYYY <b>10 / 23 / 2012</b>
Mailing Address <b>12650 Adams Road</b>		Amount <b>20066.8</b>
City <b>Granger</b>	State <b>IN</b>	
Zip Code <b>46530-6828</b>	<b>Transaction ID : 904848</b>	
Purpose of Expenditure <b>Political Mail Piece</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>MN</b> <input type="checkbox"/> Senate    District: <b>08</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Raymond Cravaack Jr.</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>20066.8</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Purpose of Expenditure		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>20066.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<b>20066.80</b>

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

*Bron Scherer*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**12 / 06 / 2012**

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)  
 Republican Party of Minnesota - Federal

Transaction ID : H1

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check   
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %  
 Nonfederal .....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only



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

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota - Federal

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Republican Party of Minnesota - Non-Fe	MM / DD / YYYY 10 / 19 / 2012	3785.92

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	3785.92
<b>Transaction ID : H3A-41199-814674</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

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

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

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota - Federal

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Republican Party of Minnesota - Non-Fe	MM / DD / YYYY 10 / 18 / 2012	27611.41

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	27611.41
<b>Transaction ID : H3A-41198-814672</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

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

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

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota - Federal

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Republican Party of Minnesota - Non-Fe	MM / DD / YYYY 11 / 19 / 2012	37424.33

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	37424.33
<b>Transaction ID : H3A-41230-814677</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

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

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

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota - Federal

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Republican Party of Minnesota - Non-Fe	MM / DD / YYYY 11 / 15 / 2012	20000

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	20000
<b>Transaction ID : H3A-41226-814675</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

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

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

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota - Federal

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Republican Party of Minnesota - Non-Fe	MM / DD / YYYY 10 / 31 / 2012	54817.36

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	54817.36
<b>Transaction ID : H3A-41211-814676</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

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

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

NAME OF COMMITTEE (In Full)  
Republican Party of Minnesota - Federal

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Republican Party of Minnesota - Non-Fe	MM / DD / YYYY 11 / 05 / 2012	12549.97

**BREAKDOWN OF TRANSFER RECEIVED**

i) <b>Total Administrative</b> .....	12549.97
<b>Transaction ID : H3A-41216-814673</b>	
ii) <b>Generic Voter Drive</b> .....	
iii) <b>Exempt Activities</b> .....	
iv) <b>Direct Fundraising</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) <b>Total Amount Transferred For Direct Fundraising</b> .....	
v) <b>Direct Candidate Support</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) <b>Total Amount Transferred For Direct Candidate Support</b> .....	
vi) <b>Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	156188.99
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	156188.99

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

Form A: Gridiron Communications. Transaction ID: H4-501908-904843-e. Allocated Activity or Event: Administrative. Date: 11/05/2012. Total Amount: 74625.8.

Form B: All American Self Storage. Transaction ID: H4-407380-904594-e. Allocated Activity or Event: Administrative. Date: 11/16/2012. Total Amount: 316.

Form C: Paychex. Transaction ID: H4-418908-904061-e. Allocated Activity or Event: Administrative. Date: 11/02/2012. Total Amount: 3752.25.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 28329.86, 50364.19, 78694.05.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

Form A: Dell USA LP. Transaction ID: H4-243273-848752-V. Allocated Activity or Event: Administrative. Purpose of Disbursement: Printer Equipment. Date: 10/24/2012. Total Amount: 397.11.

Form B: SMD Copy Systems. Transaction ID: H4-401466-904875-e. Allocated Activity or Event: Administrative. Purpose of Disbursement: Equipment Maintenance. Date: 10/24/2012. Total Amount: 213.46.

Form C: All American Self Storage. Transaction ID: H4-407380-899203-e. Allocated Activity or Event: Administrative. Purpose of Disbursement: Storage. Date: 10/25/2012. Total Amount: 256.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 92.16, 163.84, 256.00.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 92.16, 163.84, 256.00.



**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**Republican Party of Minnesota - Federal**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4-403860-904605-e</b> <b>Hub Properties Trust</b>		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 Reit Management Research 330 2nd. Ave. S Suite 110		Allocated Activity or Event Year-To-Date 716721.13	
City State Zip Code Minneapolis MN 55401	Date <input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>		
Purpose of Disbursement: Rent Interest Expense	Allocated Activity or Event Year-To-Date 716721.13		
Activity or Event Identifier: 1000:ADMINISTRATION B 211	Date <input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
940.88 + 1672.68 = 2613.56			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4-130199-848780-V</b> <b>Barbara Linert</b>		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 Trail		Allocated Activity or Event Year-To-Date 716721.13	
City State Zip Code Eagan MN 55123-1941	Date <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>		
Purpose of Disbursement: Non-FEA Salary	Allocated Activity or Event Year-To-Date 716721.13		
Activity or Event Identifier: 1000:ADMINISTRATION B 211 <b>[MEMO ITEM] Subitemization of Paychex</b>	Date <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
349.1 + 620.63 = 969.73			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4-462028-848663-V</b> <b>Kelly Fenton</b>		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 11333 Sundance Way		Allocated Activity or Event Year-To-Date 716721.13	
City State Zip Code Woodbury MN 55129-5301	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>		
Purpose of Disbursement: NON-FEA SALARY	Allocated Activity or Event Year-To-Date 716721.13		
Activity or Event Identifier: 1000:ADMINISTRATION B 211 <b>[MEMO ITEM] Subitemization of Paychex</b>	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
526.59 + 936.15 = 1462.74			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
940.88		1672.68		2613.56

**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

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

Form A: Zach Freimark, Transaction ID: H4-218090-848610-V. Includes fields for Name, Address, City/State/Zip, Purpose (Non-FEA Salary), Activity Identifier (1000:ADMINISTRATION B 211), and Allocation (FEDERAL SHARE: 475.12, NONFEDERAL SHARE: 844.66, TOTAL AMOUNT: 1319.78).

Form B: Whatever Services, Transaction ID: H4-407611-904604-e. Includes fields for Name, Address, City/State/Zip, Purpose (Party Accounting Services), Activity Identifier (1000:ADMINISTRATION B 211), and Allocation (FEDERAL SHARE: 907.2, NONFEDERAL SHARE: 1612.8, TOTAL AMOUNT: 2520).

Form C: Benjamin J Zierke, Transaction ID: H4-472232-848779-V. Includes fields for Name, Address, City/State/Zip, Purpose (Non-FEA Salary), Activity Identifier (1000:ADMINISTRATION B 211), and Allocation (FEDERAL SHARE: 543.51, NONFEDERAL SHARE: 966.23, TOTAL AMOUNT: 1509.74).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (907.20) + NONFEDERAL SHARE (1612.80) = TOTAL AMOUNT (2520.00)

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

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**Republican Party of Minnesota - Federal**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Internal Revenue Service</b>		<b>Transaction ID : H4-402470-848782-V</b>	<b>Allocated Activity or Event:</b> <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 43251 PO Box			Allocated Activity or Event Year-To-Date 716721.13	
City Ogden	State UT	Zip Code 84201-0001	Date 11 / 16 / 2012	
Purpose of Disbursement: Non-FEA Payroll Taxes				
Activity or Event Identifier: <b>1000:ADMINISTRATION B 211</b> <b>[MEMO ITEM] Subitemization of Paychex</b>		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
=		TOTAL AMOUNT		
478.92		851.42		1330.34

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Paychex</b>		<b>Transaction ID : H4-418908-904607-e</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1210 Northland Drive Suite 100			Allocated Activity or Event Year-To-Date 716721.13	
City Saint Paul	State MN	Zip Code 55120-1181	Date 11 / 16 / 2012	
Purpose of Disbursement: Non-FEA Payroll Taxes				
Activity or Event Identifier: 1000:ADMINISTRATION B 211		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
=		TOTAL AMOUNT		
577.89		1027.35		1605.24

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Barbara Linert</b>		<b>Transaction ID : H4-130199-904450-e</b>	<b>Allocated Activity or Event:</b> <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 Trail			Allocated Activity or Event Year-To-Date 716721.13	
City Eagan	State MN	Zip Code 55123-1941	Date 11 / 08 / 2012	
Purpose of Disbursement: Office Supplies Reimbursement				
Activity or Event Identifier: 1000:ADMINISTRATION B 211		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
=		TOTAL AMOUNT		
142.96		254.15		397.11

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
720.85		1281.50		2002.35

**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

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

Form A: Zach Freimark, Transaction ID: H4-218090-848665-V. Allocated Activity or Event: Administrative. Date: 11/02/2012. Total Amount: 1319.78.

Form B: Internal Revenue Service, Transaction ID: H4-402470-848600-V. Allocated Activity or Event: Administrative. Date: 10/19/2012. Total Amount: 904.79.

Form C: Visi Inc., Transaction ID: H4-401184-904831-e. Allocated Activity or Event: Administrative. Date: 11/19/2012. Total Amount: 400.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 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))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

Form A: Internal Revenue Service. Transaction ID: H4-402470-848655-V. Allocated Activity or Event: Administrative. Date: 11/02/2012. Total Amount: 904.79.

Form B: Business Data Records. Transaction ID: H4-429366-904823-e. Allocated Activity or Event: Administrative. Date: 11/12/2012. Total Amount: 46.88.

Form C: Business Data Records. Transaction ID: H4-429366-901536-e. Allocated Activity or Event: Administrative. Date: 10/25/2012. Total Amount: 46.52.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 16.75, 29.77, 46.52.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 16.75, 29.77, 46.52.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4-421278-848783-V
MN Dept of Revenue
Mailing Address 658 Cedar Street Suite 400
City Saint Paul State MN Zip Code 55155-1603
Purpose of Disbursement: Non-FEA Payroll Taxes
Activity or Event Identifier: 1000:ADMINISTRATION B 211
[MEMO ITEM] Subitemization of Paychex
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 716721.13
Date 11 / 16 / 2012
FEDERAL SHARE 98.96 + NONFEDERAL SHARE 175.94 = TOTAL AMOUNT 274.9

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4-130199-848664-V
Barbara Linert
Mailing Address 4282 Braddock Trail
City Eagan State MN Zip Code 55123-1941
Purpose of Disbursement: NON-FEA SALARY
Activity or Event Identifier: 1000:ADMINISTRATION B 211
[MEMO ITEM] Subitemization of Paychex
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 716721.13
Date 11 / 02 / 2012
FEDERAL SHARE 349.1 + NONFEDERAL SHARE 620.63 = TOTAL AMOUNT 969.73

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4-418908-904606-e
Paychex
Mailing Address 1210 Northland Drive Suite 100
City Saint Paul State MN Zip Code 55120-1181
Purpose of Disbursement: NON-FEA PAYROLL
Activity or Event Identifier: 1000:ADMINISTRATION B 211
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 716721.13
Date 11 / 16 / 2012
FEDERAL SHARE 1894.32 + NONFEDERAL SHARE 3367.68 = TOTAL AMOUNT 5262

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1894.32, 3367.68, 5262.00

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

Form A: SMD Copy Systems. Transaction ID: H4-401466-894059-e. Mailing Address: 6520 W Lake Street, Minneapolis, MN 55426-4205. Purpose: Equipment Maintenance. Date: 10/19/2012. Total Amount: 90.9.

Form B: Paychex. Transaction ID: H4-418908-904053-e. Mailing Address: 1210 Northland Drive, Suite 100, Saint Paul, MN 55120-1181. Purpose: NON-FEA PAYROLL TAXES. Date: 10/19/2012. Total Amount: 1083.27.

Form C: Lexis Nexis. Transaction ID: H4-401511-904598-e. Mailing Address: 2314 Po Box, Carol Stream, IL 60132-0001. Purpose: Office Computer Services. Date: 11/19/2012. Total Amount: 1000.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE (782.70), NONFEDERAL SHARE (1391.47), TOTAL AMOUNT (2174.17).

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4-478810-904271-e</b> <b>Shanna Woodbury Consulting, LLC</b> Mailing Address PO Box 120697		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
City State Zip Code Saint Paul MN 55112-0022	Allocated Activity or Event Year-To-Date 716721.13	
Purpose of Disbursement: Party Fundraising Consulting Retainer	Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
Activity or Event Identifier: <b>1000:ADMINISTRATION B 211</b>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <input type="text" value="1800"/> + <input type="text" value="3200"/> = <input type="text" value="5000"/>		

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4-407611-904280-e</b> <b>Whatever Services</b> Mailing Address 240 Wyndham Circle W		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
City State Zip Code New Brighton MN 55112-3167	Allocated Activity or Event Year-To-Date 716721.13	
Purpose of Disbursement: Party Accounting Services	Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
Activity or Event Identifier: 1000:ADMINISTRATION B 211		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <input type="text" value="502.2"/> + <input type="text" value="892.8"/> = <input type="text" value="1395"/>		

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4-417637-904830-e</b> <b>Popp.com</b> Mailing Address PO Box 27110		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
City State Zip Code Minneapolis MN 55427-0110	Allocated Activity or Event Year-To-Date 716721.13	
Purpose of Disbursement: Party Telephone Service	Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
Activity or Event Identifier: 1000:ADMINISTRATION B 211 <b>[MEMO ITEM] Accrued Expense (also reported as debt on Schedule D)</b>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <input type="text" value="3617.35"/> + <input type="text" value="6430.84"/> = <input type="text" value="10048.19"/>		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2302.20"/>		<input type="text" value="4092.80"/>		<input type="text" value="6395.00"/>

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

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

Form A: MN Dept of Revenue. Transaction ID: H4-421278-848656-V. Allocated Activity or Event: Administrative. Date: 11/02/2012. Total Amount: 178.48.

Form B: Gridiron Communications. Transaction ID: H4-501908-904842-e. Allocated Activity or Event: Administrative. Date: 10/30/2012. Total Amount: 84359.6.

Form C: Verizon Wireless. Transaction ID: H4-447880-905057-e. Allocated Activity or Event: Administrative. Date: 11/13/2012. Total Amount: 791.23.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 30369.46, 53990.14, 84359.60.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**Republican Party of Minnesota - Federal**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4-417637-899218-e</b> <b>Popp.com</b>		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 27110		Allocated Activity or Event Year-To-Date 716721.13	
City State Zip Code Minneapolis MN 55427-0110	Date <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>		
Purpose of Disbursement: Party Telephone Services	Allocated Activity or Event Year-To-Date 716721.13		
Activity or Event Identifier: 1000:ADMINISTRATION B 211	Date <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
2159.68 + 3839.43 = 5999.11			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4-401466-896750-e</b> <b>SMD Copy Systems</b>		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 6520 W Lake Street		Allocated Activity or Event Year-To-Date 716721.13	
City State Zip Code Minneapolis MN 55426-4205	Date <input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>		
Purpose of Disbursement: Equipment Maintenance	Allocated Activity or Event Year-To-Date 716721.13		
Activity or Event Identifier: 1000:ADMINISTRATION B 211	Date <input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
61.45 + 109.24 = 170.69			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4-418908-904058-e</b> <b>Paychex</b>		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 1210 Northland Drive Suite 100		Allocated Activity or Event Year-To-Date 716721.13	
City State Zip Code Saint Paul MN 55120-1181	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>		
Purpose of Disbursement: NON-FEA PAYROLL TAXES	Allocated Activity or Event Year-To-Date 716721.13		
Activity or Event Identifier: 1000:ADMINISTRATION B 211	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
389.98 + 693.29 = 1083.27			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2611.11		4641.96		7253.07

**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**

NAME OF COMMITTEE (In Full)

**Republican Party of Minnesota - Federal**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4-403860-904270-e</b> <b>Hub Properties Trust</b>		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 <b>Reit Management Research</b> 330 2nd. Ave. S Suite 110		Allocated Activity or Event Year-To-Date 716721.13	
City <b>Minneapolis</b> State <b>MN</b> Zip Code <b>55401</b>	Date <b>11 / 01 / 2012</b>		
Purpose of Disbursement: Rent	Category/ Type	Allocated Activity or Event Year-To-Date 716721.13	
Activity or Event Identifier: <b>1000:ADMINISTRATION B 211</b>		Date <b>11 / 01 / 2012</b>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
5318.57 + 9455.24 = 14773.81			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4-408914-904444-e</b> <b>Staples Business Advantage</b>		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 <b>PO Box 9368</b>		Allocated Activity or Event Year-To-Date 716721.13	
City <b>Framingham</b> State <b>MA</b> Zip Code <b>01701-9368</b>	Date <b>11 / 08 / 2012</b>		
Purpose of Disbursement: General Office Supplies	Category/ Type	Allocated Activity or Event Year-To-Date 716721.13	
Activity or Event Identifier: <b>1000:ADMINISTRATION B 211</b>		Date <b>11 / 08 / 2012</b>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
126.35 + 224.63 = 350.98			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4-401466-890664-e</b> <b>SMD Copy Systems</b>		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 <b>6520 W Lake Street</b>		Allocated Activity or Event Year-To-Date 716721.13	
City <b>Minneapolis</b> State <b>MN</b> Zip Code <b>55426-4205</b>	Date <b>10 / 19 / 2012</b>		
Purpose of Disbursement: Equipment Maintenance	Category/ Type	Allocated Activity or Event Year-To-Date 716721.13	
Activity or Event Identifier: <b>1000:ADMINISTRATION B 211</b>		Date <b>10 / 19 / 2012</b>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
257.43 + 457.65 = 715.08			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5702.35		10137.52		15839.87

**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

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

Form A: Kelly Fenton, Transaction ID: H4-462028-848778-V. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event (Administrative checked). Totals: FEDERAL SHARE 526.59, NONFEDERAL SHARE 936.16, TOTAL AMOUNT 1462.75.

Form B: Visi Inc., Transaction ID: H4-401184-899000-e. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event (Administrative checked). Totals: FEDERAL SHARE 144, NONFEDERAL SHARE 256, TOTAL AMOUNT 400.

Form C: MN Dept of Revenue, Transaction ID: H4-421278-848601-V. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event (Administrative checked). Totals: FEDERAL SHARE 64.25, NONFEDERAL SHARE 114.23, TOTAL AMOUNT 178.48.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 144.00, NONFEDERAL SHARE 256.00, TOTAL AMOUNT 400.00.

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

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

Form A: All American Self Storage. Transaction ID: H4-407380-905052-e. Allocated Activity or Event: Administrative. Date: 11/13/2012. Total Amount: 256.

Form B: Barbara Linert. Transaction ID: H4-130199-848609-V. Allocated Activity or Event: Administrative. Date: 10/19/2012. Total Amount: 969.73.

Form C: Verizon Wireless. Transaction ID: H4-447880-904876-e. Allocated Activity or Event: Administrative. Date: 10/18/2012. Total Amount: 789.95.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 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))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty).

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

Form A: Whatever Services. Transaction ID: H4-407611-904266-e. Allocated Activity or Event: Administrative. Date: 10/25/2012. Total Amount: 990.

Form B: SMD Copy Systems. Transaction ID: H4-401466-901531-e. Allocated Activity or Event: Administrative. Date: 10/19/2012. Total Amount: 103.31.

Form C: Cardinals FEC Compliance Services. Transaction ID: H4-408477-904824-e. Allocated Activity or Event: Administrative. Date: 11/16/2012. Total Amount: 1914.8.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 393.59, 699.72, 1093.31.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
Republican Party of Minnesota - Federal

Form A: Paychex. Transaction ID: H4-418908-904056-e. Allocated Activity or Event: Administrative. Date: 10/19/2012. FEDERAL SHARE: 1350.81, NONFEDERAL SHARE: 2401.44, TOTAL AMOUNT: 3752.25.

Form B: Kelly Fenton. Transaction ID: H4-462028-848608-V. Allocated Activity or Event: Administrative. Date: 10/19/2012. FEDERAL SHARE: 526.59, NONFEDERAL SHARE: 936.15, TOTAL AMOUNT: 1462.74.

Form C: Zach Freimark. Transaction ID: H4-218090-848781-V. Allocated Activity or Event: Administrative. Date: 11/16/2012. FEDERAL SHARE: 475.12, NONFEDERAL SHARE: 844.66, TOTAL AMOUNT: 1319.78.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1350.81, 2401.44, 3752.25.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 76558.24, 136103.51, 212661.75.