

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)

7400 METRO BLVD

STE 424

Check if different than previously reported. (ACC)

MINNEAPOLIS

MN

55439-2374

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

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period

/ / through / /

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 PASCOE, DAVID, , ,

Signature of Treasurer PASCOE, DAVID, , ,

Date / /

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

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2026"/>		97188.87
(b) Cash on Hand at Beginning of Reporting Period.....	104824.86	
(c) Total Receipts (from Line 19)	434721.89	975480.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	539546.75	1072669.50
7. Total Disbursements (from Line 31).....	183263.99	716386.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	356282.76	356282.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	55000.00	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

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).....	149755.87	252829.89
(ii) Unitemized	211672.57	313596.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	361428.44	566426.81
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	361428.44	606426.81
12. Transfers From Affiliated/Other Party Committees.....	7500.00	155673.46
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	3309.17	7329.84
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	62484.28	206050.52
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	62484.28	206050.52
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	434721.89	975480.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	372237.61	769430.11

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	15764.81	61898.54
(ii) Non-Federal Share.....	59305.58	232856.10
(b) Other Federal Operating Expenditures	108193.60	358632.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	183263.99	653386.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	63000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	183263.99	716386.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	123958.41	483530.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	361428.44	606426.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	361428.44	606426.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	123958.41	420530.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3309.17	7329.84
38. Net Operating Expenditures (subtract Line 37 from Line 36)	120649.24	413200.80

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

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

FOR LINE NUMBER: PAGE 6 OF 263
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA - FEDERAL

A. ABRAHAMSON, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21312 FOREST HILL ROAD
 City RICHMOND State MN Zip Code 56368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) LANDLORD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053772
 Amount of Each Receipt this Period 400.00
 Memo Item

B. AHLSTEN, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 TIMBER DRIVE
 City DETROIT LAKES State MN Zip Code 56501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.171054154
 Amount of Each Receipt this Period 200.00
 Memo Item

C. AHLSTEN, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 TIMBER DRIVE
 City DETROIT LAKES State MN Zip Code 56501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.171054155
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 645.00
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 7 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. AHMANN, HEIDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 626 2ND STREET SW
 City WILLMAR State MN Zip Code 56201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DELTA AIRLINES Occupation (for Individual) FLIGHT ATTENDANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053635
 Amount of Each Receipt this Period 400.00
 Memo Item

B. AHMANN, HEIDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 626 2ND STREET SW
 City WILLMAR State MN Zip Code 56201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DELTA AIRLINES Occupation (for Individual) FLIGHT ATTENDANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053636
 Amount of Each Receipt this Period 90.00
 Memo Item

C. ALLEN-TULLY, DANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1007 BUSH CT SW
 City EYOTA State MN Zip Code 55934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GAR-LIN DAIRY LLC Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 25 / 2026
Transaction ID : SA11Al.171053577
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	890.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 263
	(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. AMERY, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10449 KALLAND LN NE
 City HANOVER State MN Zip Code 55341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 CENTER OF THE AMERICAN EXPERIMENT DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2026
Transaction ID : SA11Al.171053474
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. AMERY, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10449 KALLAND LN NE
 City HANOVER State MN Zip Code 55341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 CENTER OF THE AMERICAN EXPERIMENT DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2026
Transaction ID : SA11Al.171053475
 Amount of Each Receipt this Period
 45.00
 Memo Item

C. AMLAW, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1032 109TH AVE NE
 City BLAINE State MN Zip Code 55434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2026
Transaction ID : SA11Al.171054147
 Amount of Each Receipt this Period
 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	290.00
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 9 OF 263
	<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. AMLAW, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1032 109TH AVE NE
 City BLAINE State MN Zip Code 55434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.171054148
 Amount of Each Receipt this Period 200.00
 Memo Item

B. AMMERMAN, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14775 49TH ST N
 City STILLWATER State MN Zip Code 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DEPT OF ARMY Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.171053946
 Amount of Each Receipt this Period 200.00
 Memo Item

C. ANDERSON, JERRID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4383 GROUSE RIDGE DR
 City HERMANTOWN State MN Zip Code 55811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054496
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 263
	<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. ANDERSON, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 533 NELSON CT
 City CENTER CITY State MN Zip Code 55012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2026
Transaction ID : SA11Al.171054534
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. ANDERSON, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 533 NELSON CT
 City CENTER CITY State MN Zip Code 55012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2026
Transaction ID : SA11Al.171054996
 Amount of Each Receipt this Period
 70.00
 Memo Item

C. ANDERSON, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20677 COUNTY HIGHWAY 21
 City DETROIT LAKES State MN Zip Code 56501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2026
Transaction ID : SA11Al.171054322
 Amount of Each Receipt this Period
 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	315.00
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 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. ANDERSON, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20677 COUNTY HIGHWAY 21
 City DETROIT LAKES State MN Zip Code 56501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.171054323
 Amount of Each Receipt this Period 200.00
 Memo Item

B. ANDERSON, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14376 DOVE CT NE
 City PRIOR LAKE State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WASHINGTON ACADEMY Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054959
 Amount of Each Receipt this Period 90.00
 Memo Item

C. ANDERSON, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14376 DOVE CT NE
 City PRIOR LAKE State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WASHINGTON ACADEMY Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054872
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	490.00
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 12 OF 263
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
APLIKOWSKI, ANDREW, , ,

Mailing Address 23375 ITASCA AVE N

City FOREST LAKE	State MN	Zip Code 55025
---------------------	-------------	-------------------

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

Name of Employer (for Individual) HUMAN LIFE ALLIANCE	Occupation (for Individual) EXECUTIVE DIRECTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2026
Transaction ID : SA11Al.171054976

Amount of Each Receipt this Period
45.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
APLIKOWSKI, ANDREW, , ,

Mailing Address 23375 ITASCA AVE N

City FOREST LAKE	State MN	Zip Code 55025
---------------------	-------------	-------------------

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

Name of Employer (for Individual) HUMAN LIFE ALLIANCE	Occupation (for Individual) EXECUTIVE DIRECTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2026
Transaction ID : SA11Al.171053563

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ARNOLD, KEVIN, , ,

Mailing Address 1300 MEADOWBROOK LN NE

City SAUK RAPIDS	State MN	Zip Code 56379
---------------------	-------------	-------------------

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

Name of Employer (for Individual) COLUMBIA GEAR	Occupation (for Individual) MACHINIST
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : SA11Al.171053823

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	445.00
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 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. ARNOLD, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 MEADOWBROOK LN NE
 City SAUK RAPIDS State MN Zip Code 56379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COLUMBIA GEAR Occupation (for Individual) MACHINIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053824
 Amount of Each Receipt this Period 45.00
 Memo Item

B. ARNOLD, MIRIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14535 118TH STREET N
 City STILLWATER State MN Zip Code 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.171054244
 Amount of Each Receipt this Period 45.00
 Memo Item

C. ARNOLD, MIRIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14535 118TH STREET N
 City STILLWATER State MN Zip Code 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.171054245
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	290.00
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 14 OF 263
	<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. BARCASKEY, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3251 BLACK OAK DR
 City EAGAN State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054437
 Amount of Each Receipt this Period 200.00
 Memo Item

B. BARCASKEY, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3251 BLACK OAK DR
 City EAGAN State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054438
 Amount of Each Receipt this Period 45.00
 Memo Item

C. BARTZ, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25455 STATE HIGHWAY 4
 City SLEEPY EYE State MN Zip Code 56085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 04 / 19 / 2026
Transaction ID : SA11Al.171053591
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	645.00
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 15 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. BARTZ, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25455 STATE HIGHWAY 4
 City SLEEPY EYE State MN Zip Code 56085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 04 / 19 / 2026
Transaction ID : SA11Al.171053592
 Amount of Each Receipt this Period 90.00
 Memo Item

B. BEARD, WENDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3657 WOODY LN
 City MINNETONKA State MN Zip Code 55305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLOOMINGTON PUBLIC SCHOOLS Occupation (for Individual) RESERVE TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054127
 Amount of Each Receipt this Period 400.00
 Memo Item

C. BENSON, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2022 144TH LN NE
 City HAM LAKE State MN Zip Code 55304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONSULTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.171053413
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	890.00
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 16 OF 263
	(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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. BERTSCHINGER, SARA, , ,

Mailing Address 49685 COUNTY 55 BLVD

City PINE ISLAND	State MN	Zip Code 55963
---------------------	-------------	-------------------

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

Name of Employer (for Individual) COMFORT	Occupation (for Individual) NURSE
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2026

Transaction ID : SA11Al.171053925

Amount of Each Receipt this Period
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BERTSCHINGER, SARA, , ,

Mailing Address 49685 COUNTY 55 BLVD

City PINE ISLAND	State MN	Zip Code 55963
---------------------	-------------	-------------------

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

Name of Employer (for Individual) COMFORT	Occupation (for Individual) NURSE
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2026

Transaction ID : SA11Al.171054995

Amount of Each Receipt this Period
45.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BEST, ADDIE, , ,

Mailing Address 43997 COUNTY ROAD 162

City DEER RIVER	State MN	Zip Code 56636
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NOT EMPLOYED	Occupation (for Individual) NOT EMPLOYED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2026

Transaction ID : SA11Al.171053914

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	445.00
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 17 OF 263
	(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. BIERS, BRAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4497 121ST CT NE
 City BLAINE State MN Zip Code 55449
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) CENNOX Occupation (for Individual) POLITICAL
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 04 / 29 / 2026
 Transaction ID : SA11Al.171054024
 Amount of Each Receipt this Period 400.00
 Memo Item

B. BLOMBERG, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31463 STATE HIGHWAY 108
 City DENT State MN Zip Code 56528
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) HAGAKOMMER Occupation (for Individual) STAFF ACCOUNTANT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 04 / 30 / 2026
 Transaction ID : SA11Al.171054802
 Amount of Each Receipt this Period 400.00
 Memo Item

C. BOBIER, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20926 SKYVIEW AVE
 City HUTCHINSON State MN Zip Code 55350
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) CIRTEC MEDICAL Occupation (for Individual) SR SUPPLIER QUALITY ENGINEER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 445.00

Date of Receipt 04 / 11 / 2026
 Transaction ID : SA11Al.171054798
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 845.00
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 18 OF 263
	<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. BOBIER, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20926 SKYVIEW AVE
 City HUTCHINSON State MN Zip Code 55350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIRTEC MEDICAL Occupation (for Individual) SR SUPPLIER QUALITY ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 04 / 11 / 2026
Transaction ID : SA11Al.171054799
 Amount of Each Receipt this Period 400.00
 Memo Item

B. BOCK, BECKY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10808 COUNTY 65
 City CARLOS State MN Zip Code 56319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053582
 Amount of Each Receipt this Period 400.00
 Memo Item

C. BOE, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1846 PLYMOUTH LN UNIT 204
 City CHANHASSEN State MN Zip Code 55317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 08 / 2026
Transaction ID : SA11Al.171054969
 Amount of Each Receipt this Period 400.00
 Memo Item

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 19 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. BOELTER, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 908 S BROADWAY ST
 City NEW ULM State MN Zip Code 56073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOB WEBB INSURANCE AGENCY INC Occupation (for Individual) LICENSED INSURANCE REPRESENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2026
Transaction ID : SA11AI.171053802
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. BOSTON, KRISTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1929 NORTHERN VIOLA LN NE
 City ROCHESTER State MN Zip Code 55906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ZUMBRO EDUCATION DISTRICT Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2026
Transaction ID : SA11AI.171054873
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. BOYETT, ROXANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7605 ECHO PT
 City CANNON FALLS State MN Zip Code 55009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : SA11AI.171054606
 Amount of Each Receipt this Period
 400.00
 Memo Item

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:	PAGE 20 OF 263
	(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"/> 15
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. BRADLEY, FRANCIS, , ,		Date of Receipt
Mailing Address 4342 PORTAGE ST NW		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2026"/>
City ROCHESTER	State MN	Zip Code 55901
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.171054495
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="400.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BRADWAY, PATTY, , ,		Date of Receipt
Mailing Address 431 SPRINGHILL RD		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2026"/>
City VADNAIS HEIGHTS	State MN	Zip Code 55127
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.171054688
Name of Employer (for Individual) WOMENS LIFE CARE CENTER		Amount of Each Receipt this Period <input type="text" value="45.00"/>
Occupation (for Individual) RN		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BRADWAY, PATTY, , ,		Date of Receipt
Mailing Address 431 SPRINGHILL RD		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2026"/>
City VADNAIS HEIGHTS	State MN	Zip Code 55127
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.171054689
Name of Employer (for Individual) WOMENS LIFE CARE CENTER		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Occupation (for Individual) RN		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="645.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 263
	<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. BRECKNER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14725 INNERBROOK CIR
 City BURNSVILLE State MN Zip Code 55306
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) DATA SALES CO., INC. Occupation (for Individual) S REP MFG/WHLS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 04 / 13 / 2026
Transaction ID : SA11AI.169997950
 Amount of Each Receipt this Period 3000.00
 Memo Item

B. BRISKY, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7104 MILFORD ST
 City DULUTH State MN Zip Code 55807
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) CARLSON REFRIGERATION Occupation (for Individual) TECHNICAL SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11AI.171054881
 Amount of Each Receipt this Period 45.00
 Memo Item

C. BRISKY, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7104 MILFORD ST
 City DULUTH State MN Zip Code 55807
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) CARLSON REFRIGERATION Occupation (for Individual) TECHNICAL SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11AI.171053179
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 3245.00
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 22 OF 263
	<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. BROWN, BRENDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7556 163RD AVE NW
 City RAMSEY State MN Zip Code 55303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DISABLED Occupation (for Individual) DISABLED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171053495
 Amount of Each Receipt this Period 400.00
 Memo Item

B. BRYAN, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21457 840TH AVE
 City RENVILLE State MN Zip Code 56284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ENTREPRENEUR Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.171054752
 Amount of Each Receipt this Period 400.00
 Memo Item

C. BUCK, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9323 JAREAU AVE S
 City COTTAGE GROVE State MN Zip Code 55016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 25 / 2026
Transaction ID : SA11Al.171054656
 Amount of Each Receipt this Period 400.00
 Memo Item

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 23 OF 263
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BUTLER, KEITH, , ,		Date of Receipt MM / DD / YYYY 04 / 20 / 2026
Mailing Address 25194 BAYLOR ST NE		Transaction ID : SA11Al.171053727
City STACY	State MN	Zip Code 55079
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) FIDIUM	Occupation (for Individual) INFORMATION TECHNOLOGY	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CHRISTENSEN, PAULA, , ,		Date of Receipt MM / DD / YYYY 04 / 08 / 2026
Mailing Address 1812 RED FOX RD		Transaction ID : SA11Al.171053177
City SAINT CLOUD	State MN	Zip Code 56301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) MERITAIN HEALTH	Occupation (for Individual) ACCOUNT EXECUTIVE	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CHRISTENSEN, PAULA, , ,		Date of Receipt MM / DD / YYYY 04 / 26 / 2026
Mailing Address 1812 RED FOX RD		Transaction ID : SA11Al.171053178
City SAINT CLOUD	State MN	Zip Code 56301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer (for Individual) MERITAIN HEALTH	Occupation (for Individual) ACCOUNT EXECUTIVE	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional).....▶	690.00
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 24 OF 263
	<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. CHRISTIAN, MOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1172 24TH AVE SW
 City CAMBRIDGE State MN Zip Code 55008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 13 / 2026
Transaction ID : SA11Al.171054954
 Amount of Each Receipt this Period 45.00
 Memo Item

B. CHRISTIAN, MOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1172 24TH AVE SW
 City CAMBRIDGE State MN Zip Code 55008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 13 / 2026
Transaction ID : SA11Al.171054955
 Amount of Each Receipt this Period 200.00
 Memo Item

C. CLARK, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2515 210TH AVE
 City MARSHALL State MN Zip Code 56258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ISD 413 Occupation (for Individual) SUBSTITUTE TEACHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.171054825
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 25 OF 263
	(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. COAN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11129 VIRGINIA AVE N
 City CHAMPLIN State MN Zip Code 55316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2026
Transaction ID : SA11Al.171054172
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. COTTINGTON, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 286 LA GRAND LN NW
 City ALEXANDRIA State MN Zip Code 56308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COTTINGTON COMPANY INC Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2026
Transaction ID : SA11Al.171053183
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. COX, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 NOLAND AVENUE
 City HAYWARD State MN Zip Code 56043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REALTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : SA11Al.171054095
 Amount of Each Receipt this Period
 400.00
 Memo Item

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 26 OF 263
	<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. COX, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 NOLAND AVENUE
 City HAYWARD State MN Zip Code 56043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REALTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054096
 Amount of Each Receipt this Period 45.00
 Memo Item

B. CRAMER, CHERYL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2240 PONDEROSA PINE DR
 City CAMBRIDGE State MN Zip Code 55008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053906
 Amount of Each Receipt this Period 400.00
 Memo Item

C. CROWE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51543 230TH ST
 City SALOL State MN Zip Code 56756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) POLARIS INDUSTRIES Occupation (for Individual) INSPECTION ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053732
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 27 OF 263
	(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"/> 15
	<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

A. CROWE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51543 230TH ST
 City SALOL State MN Zip Code 56756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) POLARIS INDUSTRIES Occupation (for Individual) INSPECTION ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053532
 Amount of Each Receipt this Period 200.00
 Memo Item

B. CUNNINGHAM, WENDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13907 290TH AVE NW
 City ZIMMERMAN State MN Zip Code 55398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171054231
 Amount of Each Receipt this Period 400.00
 Memo Item

C. DAHMS, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 158
 City REDWOOD FALLS State MN Zip Code 56283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MN SENATE Occupation (for Individual) SENATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 17 / 2026
Transaction ID : SA11Al.171054758
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 263
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. DEJOURNETT, JENNIFER, , ,

Mailing Address 18094 GLADSTONE BLVD NORTH

City MAPLE GROVE	State MN	Zip Code 55311
---------------------	-------------	-------------------

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

Name of Employer (for Individual) THREE RIVERS PARK DISTRICT	Occupation (for Individual) COMMISSIONER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2026

Transaction ID : SA11Al.171053375

Amount of Each Receipt this Period
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DEJOURNETT, JENNIFER, , ,

Mailing Address 18094 GLADSTONE BLVD NORTH

City MAPLE GROVE	State MN	Zip Code 55311
---------------------	-------------	-------------------

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

Name of Employer (for Individual) THREE RIVERS PARK DISTRICT	Occupation (for Individual) COMMISSIONER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : SA11Al.171053376

Amount of Each Receipt this Period
45.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. DEVORAK, BONNIE, , ,

Mailing Address 13720 MARYSTOWN ROAD

City SHAKOPEE	State MN	Zip Code 55379
------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2026

Transaction ID : SA11Al.171054226

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 29 OF 263
	<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. DICKEY, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30571 ROYAL COURT
 City FRONTENAC State MN Zip Code 55026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171054420
 Amount of Each Receipt this Period 400.00
 Memo Item

B. DICKS, JENNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9209 DARTFORD RD
 City WOODBURY State MN Zip Code 55125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MNGOP Occupation (for Individual) POLITICAL CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171054025
 Amount of Each Receipt this Period 45.00
 Memo Item

C. DICKS, JENNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9209 DARTFORD RD
 City WOODBURY State MN Zip Code 55125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MNGOP Occupation (for Individual) POLITICAL CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171054026
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 30 OF 263
	<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. DICKS, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9209 DARTFORD RD
 City WOODBURY State MN Zip Code 55125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REALTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171054100
 Amount of Each Receipt this Period 45.00
 Memo Item

B. DICKS, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9209 DARTFORD RD
 City WOODBURY State MN Zip Code 55125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REALTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171054101
 Amount of Each Receipt this Period 200.00
 Memo Item

C. DIEHL, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1775 LEXINGTON AVE S
 City LILYDALE State MN Zip Code 55118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LARKIN HOFFMAN - ATTORNEYS Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.171053785
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 263
	<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. DITTO, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 435 4TH AVE W
 City SHAKOPEE State MN Zip Code 55379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 05 / 2026
Transaction ID : SA11Al.170006022
 Amount of Each Receipt this Period 45.00
 Memo Item

B. DITTO, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 435 4TH AVE W
 City SHAKOPEE State MN Zip Code 55379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.171054080
 Amount of Each Receipt this Period 200.00
 Memo Item

C. DUPONT, RENEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2187 GATEWAY CURV
 City NORTH ST PAUL State MN Zip Code 55109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MHEALTH FAIRVIEW Occupation (for Individual) RN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 17 / 2026
Transaction ID : SA11Al.171054681
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	645.00
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 32 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. ENGESWICK, LYNNETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18586 COUNTRY HAVEN DR
 City MANKATO State MN Zip Code 56001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATE OF MN MANKATO Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.171054060
 Amount of Each Receipt this Period 400.00
 Memo Item

B. ERICKSON, LEIF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 908 BAY DRIVE SE
 City FOREST LAKE State MN Zip Code 55025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THRIVENT Occupation (for Individual) FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 26 / 2026
Transaction ID : SA11Al.171053628
 Amount of Each Receipt this Period 400.00
 Memo Item

C. ERPELDING, BONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 1ST AVE NW
 City KASSON State MN Zip Code 55944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.75

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054556
 Amount of Each Receipt this Period 400.00
 Memo Item

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:	PAGE 33 OF 263
	(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. EVENSON, DOUG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3450 279TH LN NW
 City ISANTI State MN Zip Code 55040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11AI.171054448
 Amount of Each Receipt this Period 400.00
 Memo Item

B. FAGEN, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 MILLER CIR PO BOX 69
 City GRANITE FALLS State MN Zip Code 56241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 04 / 07 / 2026
Transaction ID : SA11AI.169998020
 Amount of Each Receipt this Period 10000.00
 Memo Item

C. FAGEN, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 MILLER CIR PO BOX 69
 City GRANITE FALLS State MN Zip Code 56241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FAGEN INC Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 04 / 07 / 2026
Transaction ID : SA11AI.169998021
 Amount of Each Receipt this Period 10000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	20400.00
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 34 OF 263
	<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. FARRIS, AARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1314 COLUMBUS AVE
 City ALBERT LEA State MN Zip Code 56007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US HOUSE OF REPRESENTATIVES Occupation (for Individual) OPERATIONS DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 08 / 2026
Transaction ID : SA11Al.171053942
 Amount of Each Receipt this Period 200.00
 Memo Item

B. FARRIS, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1102 GARFIELD AVE
 City ALBERT LEA State MN Zip Code 56007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALERUS Occupation (for Individual) COMPLIANCE ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 12 / 2026
Transaction ID : SA11Al.171053384
 Amount of Each Receipt this Period 400.00
 Memo Item

C. FECHTMEYER, KURTIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 S 7TH ST
 City MINNEAPOLIS State MN Zip Code 55402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTHLAND SECURITIES Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 07 / 2026
Transaction ID : SA11Al.169998025
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5600.00
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 35 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. FIELD, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16264 GOODVIEW TRAIL
 City LAKEVILLE State MN Zip Code 55044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATE OF MN Occupation (for Individual) LEGISLATIVE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 10 / 2026
Transaction ID : SA11AI.171053796
 Amount of Each Receipt this Period 600.00
 Memo Item

B. FIKE, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5281 W 106TH ST
 City BLOOMINGTON State MN Zip Code 55437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 17 / 2026
Transaction ID : SA11AI.171054533
 Amount of Each Receipt this Period 400.00
 Memo Item

C. FILLBRANDT, ORVILLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2321 VILLAGE TERRACE
 City BLOOMINGTON State MN Zip Code 55431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 25 / 2026
Transaction ID : SA11AI.171054350
 Amount of Each Receipt this Period 200.00
 Memo Item

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 36 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. FILLBRANDT, ORVILLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2321 VILLAGE TERRACE
 City BLOOMINGTON State MN Zip Code 55431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171054351
 Amount of Each Receipt this Period 45.00
 Memo Item

B. FOWKE, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 CLAY CLIFFE DRIVE
 City EXCELSIOR State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REALTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11Al.171054098
 Amount of Each Receipt this Period 200.00
 Memo Item

C. FOWKE, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 CLAY CLIFFE DRIVE
 City EXCELSIOR State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REALTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.171054099
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.00
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 37 OF 263
	(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"/> 15
	<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

A. FREDRICKSON, ALAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23875 115TH ST
 City STEWART State MN Zip Code 55385
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2026
Transaction ID : SA11Al.171054361
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. FUJAN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304 KRAHMER DR
 City FAIRMONT State MN Zip Code 56031
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) MARK E FUJAN INSURANCE AGENCY INC Occupation (for Individual) AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : SA11Al.171053218
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. GAFKJEN, CHARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39099 GOVERNMENT ROAD
 City HINCKLEY State MN Zip Code 55037
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) AMERICAN MAJORITY Occupation (for Individual) EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : SA11Al.171053560
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 38 OF 263
	(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. GAFKJEN, CHARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39099 GOVERNMENT ROAD
 City HINCKLEY State MN Zip Code 55037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN MAJORITY Occupation (for Individual) EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053561
 Amount of Each Receipt this Period 45.00
 Memo Item

B. GAVIN, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21890 HARROW AVE N
 City FOREST LAKE State MN Zip Code 55025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEGALSHIELD Occupation (for Individual) EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053564
 Amount of Each Receipt this Period 400.00
 Memo Item

C. GERMAN, KATHRYN, KATIE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1221 LABREE AVE NORTH
 City THIEF RIVER FALLS State MN Zip Code 56701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053689
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	490.00
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 39 OF 263
	<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. GERMAN, KATHRYN, KATIE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1221 LABREE AVE NORTH
 City THIEF RIVER FALLS State MN Zip Code 56701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11AI.171053690
 Amount of Each Receipt this Period 200.00
 Memo Item

B. GIFFORD, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4525 3RD ST NW
 City ROCHESTER State MN Zip Code 55901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11AI.171054500
 Amount of Each Receipt this Period 200.00
 Memo Item

C. GLESNE, MONA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1567 99TH AVE NW
 City COON RAPIDS State MN Zip Code 55433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11AI.171054266
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 263
	(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 of Individual (Last, First, Middle Initial) or Full Organization Name A. GNEMI, DEB, , ,		Date of Receipt MM / DD / YYYY 04 / 08 / 2026 Transaction ID : SA11Al.171053935
Mailing Address 404 SOUTH CEDAR AVE		Amount of Each Receipt this Period 200.00
City OWATONNA	State MN	Zip Code 55060
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GNEMI, DEB, , ,		Date of Receipt MM / DD / YYYY 04 / 20 / 2026 Transaction ID : SA11Al.171054477
Mailing Address 404 SOUTH CEDAR AVE		Amount of Each Receipt this Period 50.00
City OWATONNA	State MN	Zip Code 55060
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GOMEZ, PRESTON, , ,		Date of Receipt MM / DD / YYYY 04 / 15 / 2026 Transaction ID : SA11Al.170106803
Mailing Address 2130 S. 12TH STREET #306		Amount of Each Receipt this Period 150.00
City BISMARCK	State ND	Zip Code 58504
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) DENTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....	400.00
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 263
<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. GROLLA, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2083 40TH AVE
 City TRIMONT State MN Zip Code 56176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GAINWELL Occupation (for Individual) SR DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054790
 Amount of Each Receipt this Period 200.00
 Memo Item

B. GROLLA, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2083 40TH AVE
 City TRIMONT State MN Zip Code 56176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GAINWELL Occupation (for Individual) SR DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054791
 Amount of Each Receipt this Period 45.00
 Memo Item

C. GROSFIELD, NATALIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12827 BIRCHVIEW DR NE
 City BEMIDJI State MN Zip Code 56601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054204
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 42 OF 263
	(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. GRUBA, THERESE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 E ANOKA ST
 City DULUTH State MN Zip Code 55803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NEW HOPE FOR FAMILIES Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.171054038
 Amount of Each Receipt this Period 400.00
 Memo Item

B. GRUENHAGEN, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16367 441ST AVE
 City GLENCOE State MN Zip Code 55336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 861.40

Date of Receipt 04 / 03 / 2026
Transaction ID : SA11Al.170006029
 Amount of Each Receipt this Period 45.00
 Memo Item

C. GRUENHAGEN, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16367 441ST AVE
 City GLENCOE State MN Zip Code 55336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 861.40

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.171053741
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	845.00
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 43 OF 263
<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. HAGLIN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 904 ELM ST
 City ALEXANDRIA State MN Zip Code 56308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 24 / 2026
Transaction ID : SA11Al.171055011
 Amount of Each Receipt this Period 200.00
 Memo Item

B. HAGLIN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 904 ELM ST
 City ALEXANDRIA State MN Zip Code 56308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 24 / 2026
Transaction ID : SA11Al.171055012
 Amount of Each Receipt this Period 200.00
 Memo Item

C. HAGLIN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 904 ELM ST
 City ALEXANDRIA State MN Zip Code 56308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 24 / 2026
Transaction ID : SA11Al.171054644
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 44 OF 263
	(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. HALL, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6338 JUNIPER LN
 City GILBERT State MN Zip Code 55741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ESSENTIA HEALTH VIRGINIA Occupation (for Individual) SUPPLY CHAIN SUPERVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 24 / 2026
Transaction ID : SA11AI.171054831
 Amount of Each Receipt this Period 400.00
 Memo Item

B. HALVERSON, HELENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 814 PEBBLE CREEK DR
 City SAINT CLOUD State MN Zip Code 56303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 24 / 2026
Transaction ID : SA11AI.171054615
 Amount of Each Receipt this Period 200.00
 Memo Item

C. HALVERSON, HELENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 814 PEBBLE CREEK DR
 City SAINT CLOUD State MN Zip Code 56303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 24 / 2026
Transaction ID : SA11AI.171054616
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 45 OF 263
	<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. HAMILTON, STANLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2825 GARLAND LN N
 City PLYMOUTH State MN Zip Code 55447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 26 / 2026
Transaction ID : SA11Al.171054402
 Amount of Each Receipt this Period 200.00
 Memo Item

B. HAMMOND, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4820 PARK COMMONS DRIVE APT 237
 City ST LOUIS PARK State MN Zip Code 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUBBARD BROADCASTING Occupation (for Individual) HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.171053722
 Amount of Each Receipt this Period 200.00
 Memo Item

C. HAMMOND, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4820 PARK COMMONS DRIVE APT 237
 City ST LOUIS PARK State MN Zip Code 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUBBARD BROADCASTING Occupation (for Individual) HUMAN RESOURCES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.171053723
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	445.00
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 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. HANNA, KATELYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 95 VICTORIA STREET N
APT 2

City SAINT PAUL State MN Zip Code 55104

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

Name of Employer (for Individual) BURNS & MCDONELL Occupation (for Individual) FIRE PROTECTION DETAILER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2026

Transaction ID : SA11Al.171053632

Amount of Each Receipt this Period
400.00

Memo Item

B. HANSEN, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25553 W COMFORT DR

City WYOMING State MN Zip Code 55092

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2026

Transaction ID : SA11Al.171054379

Amount of Each Receipt this Period
200.00

Memo Item

C. HARVEY, JACKSON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13935 AQUILA AVENUE

City SAVAGE State MN Zip Code 55378

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

Name of Employer (for Individual) SEQUANS COMMUNICATIONS INC Occupation (for Individual) ENGINEER

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2026

Transaction ID : SA11Al.171053537

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 OF 263
	(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

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. HARVEY, JACKSON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13935 AQUILA AVENUE
 City SAVAGE State MN Zip Code 55378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEQUANS COMMUNICATIONS INC Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171053538
 Amount of Each Receipt this Period 45.00
 Memo Item

B. HEIKES, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19595 LILLEHEI AVE
 City HASTINGS State MN Zip Code 55033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HEIKES ENTERPRISES INC Occupation (for Individual) ADMINISTRATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.171053198
 Amount of Each Receipt this Period 400.00
 Memo Item

C. HEINEN, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 249TH AVE NE
 City ISANTI State MN Zip Code 55040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 04 / 19 / 2026
Transaction ID : SA11Al.171054560
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	845.00
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 48 OF 263
	(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"/> 15
	<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

A. HENNING, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1548 GRANT ST
 City JACKSON State MN Zip Code 56143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HENNING RENTAL INC Occupation (for Individual) CO-OWNER SPECIAL PROJECTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2026
Transaction ID : SA11Al.171053431
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. HESEMANN, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4709 HILLSBORO AVE N
 City NEW HOPE State MN Zip Code 55428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORACLE Occupation (for Individual) SOFTWARE ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2026
Transaction ID : SA11Al.171054779
 Amount of Each Receipt this Period
 45.00
 Memo Item

C. HESEMANN, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4709 HILLSBORO AVE N
 City NEW HOPE State MN Zip Code 55428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORACLE Occupation (for Individual) SOFTWARE ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2026
Transaction ID : SA11Al.171054780
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 263
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOFFMAN, ROBERT, , ,

Mailing Address 71764 MICHAEL ST

City ALBERT LEA	State MN	Zip Code 56007
--------------------	-------------	-------------------

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

Name of Employer (for Individual) ROBERT HOFFMAN REALTY INC	Occupation (for Individual) BROKER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2026

Transaction ID : SA11Al.171053289

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOFFMAN, ROBERT, , ,

Mailing Address 71764 MICHAEL ST

City ALBERT LEA	State MN	Zip Code 56007
--------------------	-------------	-------------------

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

Name of Employer (for Individual) ROBERT HOFFMAN REALTY INC	Occupation (for Individual) BROKER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2026

Transaction ID : SA11Al.171053290

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOFSTAD, ERIC, , ,

Mailing Address 2187 W CHUB LAKE ROAD

City CARLTON	State MN	Zip Code 55718
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) FORESTER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
445.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2026

Transaction ID : SA11Al.171053639

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.00
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 50 OF 263
	<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. HOLSTEN, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9601 ANNAPOLIS LN N
 City MAPLE GROVE State MN Zip Code 55369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOLSTEN LAW OFFICE Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053250
 Amount of Each Receipt this Period 45.00
 Memo Item

B. HOLSTEN, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9601 ANNAPOLIS LN N
 City MAPLE GROVE State MN Zip Code 55369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOLSTEN LAW OFFICE Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053251
 Amount of Each Receipt this Period 200.00
 Memo Item

C. HONERBRINK, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 75TH ST E
 City INVER GROVE HEIGHTS State MN Zip Code 55076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AT HOME APARTMENTS Occupation (for Individual) ACCOUNTS PAYABLE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 04 / 03 / 2026
Transaction ID : SA11Al.170006021
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.00
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 51 OF 263
	<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. HONERBRINK, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 75TH ST E
 City INVER GROVE HEIGHTS State MN Zip Code 55076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AT HOME APARTMENTS Occupation (for Individual) ACCOUNTS PAYABLE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.171054940
 Amount of Each Receipt this Period 400.00
 Memo Item

B. HOULE, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1453 TROLLHAGEN DR
 City FRIDLEY State MN Zip Code 55421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CLIFTONLARSONALLEN LLP Occupation (for Individual) AUDITOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 26 / 2026
Transaction ID : SA11Al.171053269
 Amount of Each Receipt this Period 400.00
 Memo Item

C. HOWE, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 16TH AVE SE
 City SAINT CLOUD State MN Zip Code 56304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.171054413
 Amount of Each Receipt this Period 400.00
 Memo Item

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 52 OF 263
	<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. HOWE, SHERI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10251 COUNTY ROAD 47
 City SAINT CLOUD State MN Zip Code 56301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2026
Transaction ID : SA11Al.171054145
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. HUHNE, MARY KAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9850 JENNY LANE
 City SAINT JOSEPH State MN Zip Code 56374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TISCHLER Occupation (for Individual) FINISHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2026
Transaction ID : SA11Al.171053630
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. HUHNE, MARY KAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9850 JENNY LANE
 City SAINT JOSEPH State MN Zip Code 56374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TISCHLER Occupation (for Individual) FINISHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2026
Transaction ID : SA11Al.171053631
 Amount of Each Receipt this Period
 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	645.00
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 53 OF 263
	<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. HUINKER, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 17TH ST NW
 City AUSTIN State MN Zip Code 55912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.171054315
 Amount of Each Receipt this Period 200.00
 Memo Item

B. JAKSA, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 MARSH RDG
 City NORTH OAKS State MN Zip Code 55127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 18 / 2026
Transaction ID : SA11Al.171054608
 Amount of Each Receipt this Period 400.00
 Memo Item

C. JANSSEN, DALON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9207 TELFORD BAY
 City BROOKLYN PARK State MN Zip Code 55443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROLTEC Occupation (for Individual) CONSTRUCTION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 12 / 2026
Transaction ID : SA11Al.171053386
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 54 OF 263
	<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. JAPS, BRITTANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5037 JANA COURT NE
 City SAINT MICHAEL State MN Zip Code 55376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLUE CROSS OF IDAHO Occupation (for Individual) PROJECT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : SA11AI.171054065
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. JASPERSEN, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6925 75TH AVE N
 City BROOKLYN PARK State MN Zip Code 55428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2026
Transaction ID : SA11AI.171054584
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. JOHNSON, ALYSSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22539 LANTERN RD
 City WYKOFF State MN Zip Code 55990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAYO CLINIC Occupation (for Individual) RESEARCH COORDINATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2026
Transaction ID : SA11AI.171054124
 Amount of Each Receipt this Period
 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	845.00
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 55 OF 263
	<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. JOHNSON, ALYSSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22539 LANTERN RD
 City WYKOFF State MN Zip Code 55990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAYO CLINIC Occupation (for Individual) RESEARCH COORDINATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171054125
 Amount of Each Receipt this Period 200.00
 Memo Item

B. JOHNSON, CORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 715 JONATHAN LN
 City LA CRESCENT State MN Zip Code 55947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAP AMERICAS Occupation (for Individual) CYBERSECURITY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.171053443
 Amount of Each Receipt this Period 200.00
 Memo Item

C. JOHNSON, CORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 715 JONATHAN LN
 City LA CRESCENT State MN Zip Code 55947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAP AMERICAS Occupation (for Individual) CYBERSECURITY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.171053444
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	445.00
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 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 of Individual (Last, First, Middle Initial) or Full Organization Name A. JOHNSON, TAWN, , ,		Date of Receipt MM / DD / YYYY 04 / 08 / 2026
Mailing Address 180 LARPEN TEUR AVE W APT 204		Transaction ID : SA11Al.170006063
City SAINT PAUL	State MN	Zip Code 55113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) SECURITY	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. JOHNSON, TAWN, , ,		Date of Receipt MM / DD / YYYY 04 / 08 / 2026
Mailing Address 180 LARPEN TEUR AVE W APT 204		Transaction ID : SA11Al.171054948
City SAINT PAUL	State MN	Zip Code 55113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) SECURITY	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. JOHNSON, TAWN, , ,		Date of Receipt MM / DD / YYYY 04 / 30 / 2026
Mailing Address 180 LARPEN TEUR AVE W APT 204		Transaction ID : SA11Al.171054734
City SAINT PAUL	State MN	Zip Code 55113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) SECURITY	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional).....	290.00
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 57 OF 263
	<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. JOHNSON, WYATT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25810 9TH ST WEST
 City ZIMMERMAN State MN Zip Code 55398
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) MICHAEL DEMARCO Occupation (for Individual) DISHWASHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.171053497
 Amount of Each Receipt this Period 200.00
 Memo Item

B. JUNGLING, JOSH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 YOHO DR
 City ANOKA State MN Zip Code 55303
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) ANOKA RAMSEY ATHLETIC ASSC Occupation (for Individual) GAMBLING MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171053647
 Amount of Each Receipt this Period 400.00
 Memo Item

C. KACHMARZINSKI, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4048 MAINE AVE SE APT 133
 City ROCHESTER State MN Zip Code 55904
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) DSR Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 04 / 08 / 2026
Transaction ID : SA11Al.171054993
 Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	690.00
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 263
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. KACHMARZINSKI, JAMES, , ,		Date of Receipt MM / DD / YYYY 04 / 30 / 2026
Mailing Address 4048 MAINE AVE SE APT 133		Transaction ID : SA11Al.171053955
City ROCHESTER	State MN	Zip Code 55904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) DSR	Occupation (for Individual) OWNER	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KASEL, DORAN, , ,		Date of Receipt MM / DD / YYYY 04 / 29 / 2026
Mailing Address 3360 11TH AVE NW		Transaction ID : SA11Al.171054989
City AUSTIN	State MN	Zip Code 55912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) FARMER	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KASEL, DORAN, , ,		Date of Receipt MM / DD / YYYY 04 / 29 / 2026
Mailing Address 3360 11TH AVE NW		Transaction ID : SA11Al.171053571
City AUSTIN	State MN	Zip Code 55912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) FARMER	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional).....▶	645.00
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 59 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. KELLER, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12574 530TH STREET
 City WEST CONCORD State MN Zip Code 55985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.171053585
 Amount of Each Receipt this Period 400.00
 Memo Item

B. KERN, DOUG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11039 GREENWOOD STREET
 City BRAINERD State MN Zip Code 56401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) TECHNICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054887
 Amount of Each Receipt this Period 400.00
 Memo Item

C. KERN, DOUG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11039 GREENWOOD STREET
 City BRAINERD State MN Zip Code 56401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) TECHNICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054888
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	845.00
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 263
	<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. KIEL, DEB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36044 275TH AVE SW
 City CROOKSTON State MN Zip Code 56716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054456
 Amount of Each Receipt this Period 400.00
 Memo Item

B. KIM, ESTHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11500 ARBOR LAKES PKWY N UNIT 3335
 City MAPLE GROVE State MN Zip Code 55369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.171053687
 Amount of Each Receipt this Period 400.00
 Memo Item

C. KLABECHEK, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19519 LAKE GEORGE BLVD
 City OAK GROVE State MN Zip Code 55303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 01 / 2026
Transaction ID : SA11Al.170006050
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	845.00
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 263
	<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. KLABECKEK, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19519 LAKE GEORGE BLVD
 City OAK GROVE State MN Zip Code 55303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 23 / 2026
Transaction ID : SA11Al.171054309
 Amount of Each Receipt this Period 200.00
 Memo Item

B. KNOTTS, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 724 3RD STREET NW
 City WASECA State MN Zip Code 56093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 23 / 2026
Transaction ID : SA11Al.171053918
 Amount of Each Receipt this Period 200.00
 Memo Item

C. KNOTTS, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 724 3RD STREET NW
 City WASECA State MN Zip Code 56093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 23 / 2026
Transaction ID : SA11Al.171055000
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	445.00
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 62 OF 263
	(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

A. KNUDSEN, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3966 JUDICIAL DITCH RD
 City NELSON State MN Zip Code 56355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EDWARD JONES Occupation (for Individual) BRANCH OFFICE ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.171053288
 Amount of Each Receipt this Period 400.00
 Memo Item

B. KOCH, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1003 SOUTH HWY
 City JACKSON State MN Zip Code 56143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 17 / 2026
Transaction ID : SA11Al.171054138
 Amount of Each Receipt this Period 200.00
 Memo Item

C. KORABEK, ROSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 S GRANT ST
 City HOUSTON State MN Zip Code 55943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171054935
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 63 OF 263
	<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. KORPI, ELISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 OLD TOWN RD
 City BEAVER BAY State MN Zip Code 55601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 04 / 14 / 2026
Transaction ID : SA11Al.171054983
 Amount of Each Receipt this Period 45.00
 Memo Item

B. KORPI, ELISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 OLD TOWN RD
 City BEAVER BAY State MN Zip Code 55601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 04 / 26 / 2026
Transaction ID : SA11Al.171054422
 Amount of Each Receipt this Period 200.00
 Memo Item

C. KRAEMER, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18056 EVE TRL
 City NEVIS State MN Zip Code 56467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 04 / 30 / 2026
Transaction ID : SA11Al.171054294
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 64 OF 263
	<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. KRAEMER, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18056 EVE TRL
 City NEVIS State MN Zip Code 56467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11AI.171054295
 Amount of Each Receipt this Period 90.00
 Memo Item

B. KRAUSE, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 264 BLUESTEM AVE
 City SHAKOPEE State MN Zip Code 55379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DATASITE LLC Occupation (for Individual) SR NETWORK ADMIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11AI.171054795
 Amount of Each Receipt this Period 400.00
 Memo Item

C. KREGER, BRADY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6933 207TH AVE NW
 City ELK RIVER State MN Zip Code 55330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CS MCCROSSAN Occupation (for Individual) HEAVY EQUIPMENT OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 18 / 2026
Transaction ID : SA11AI.171053677
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	690.00
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 65 OF 263
	(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. KRUGER, BONITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20335 624TH AVE
 City LITCHFIELD State MN Zip Code 55355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171054314
 Amount of Each Receipt this Period 400.00
 Memo Item

B. KRUGER, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 PROSPECT AVE
 City WINDOM State MN Zip Code 56101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171054554
 Amount of Each Receipt this Period 200.00
 Memo Item

C. KRUGER, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 PROSPECT AVE
 City WINDOM State MN Zip Code 56101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171054555
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 645.00
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 66 OF 263
	<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. KULIK, DOUG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8761 REFLECTIONS RD
 City CHANHASSEN State MN Zip Code 55317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KTC Occupation (for Individual) DISTRICT SALES MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.170106804
 Amount of Each Receipt this Period 20.00
 Memo Item

B. KYSYLYCZYN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3083 VICTORIA ST N
 City ROSEVILLE State MN Zip Code 55113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) POLITICAL CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.171054028
 Amount of Each Receipt this Period 200.00
 Memo Item

C. LAHLUM, JOLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 931 LOIS LN
 City LINO LAKES State MN Zip Code 55014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MURPHY BROS Occupation (for Individual) ACCOUNTING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.171053189
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	620.00
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 67 OF 263
	(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"/> 15
	<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

A. LAHTI, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25575 BOG LAKE TRAIL
 City OSAGE State MN Zip Code 56570
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) VOYAGE HEALTHCARE Occupation (for Individual) NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 10 / 2026
Transaction ID : SA11AI.171053928
 Amount of Each Receipt this Period 400.00
 Memo Item

B. LALIBERTE, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1387 HIGHWAY 96 E
 City SAINT PAUL State MN Zip Code 55110
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11AI.171054229
 Amount of Each Receipt this Period 400.00
 Memo Item

C. LARSON, BERNICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4567 TIMBER SHORES DR SW
 City ALEXANDRIA State MN Zip Code 56308
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11AI.171054502
 Amount of Each Receipt this Period 400.00
 Memo Item

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 68 OF 263
	<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. LARSON, DEEDEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14990 WACO ST NW
 City RAMSEY State MN Zip Code 55303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOCKEY MINISTRIES INTL Occupation (for Individual) ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053206
 Amount of Each Receipt this Period 400.00
 Memo Item

B. LESMEISTER-KNOTT, TIFFANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24126 LASER AVENUE
 City REDWOOD FALLS State MN Zip Code 56283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MN DHIA Occupation (for Individual) FIELD REP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053612
 Amount of Each Receipt this Period 200.00
 Memo Item

C. LESMEISTER-KNOTT, TIFFANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24126 LASER AVENUE
 City REDWOOD FALLS State MN Zip Code 56283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MN DHIA Occupation (for Individual) FIELD REP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053613
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 69 OF 263
	<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. LESSARD, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22569 FAWN TRAIL
 City ROGERS State MN Zip Code 55374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OPTUM Occupation (for Individual) SR SOFTWARE ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 08 / 2026
Transaction ID : SA11Al.171054797
 Amount of Each Receipt this Period 200.00
 Memo Item

B. LEWIS, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1742 122ND LN NW
 City COON RAPIDS State MN Zip Code 55448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE WAY OF THE SHEPHERD CATHOLIC MONTE Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 09 / 2026
Transaction ID : SA11Al.171054871
 Amount of Each Receipt this Period 400.00
 Memo Item

C. LIANG, JENNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1314 CANNON AVE
 City ARDEN HILLS State MN Zip Code 55112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF MINNESOTA LAW SCHOOL Occupation (for Individual) RESEARCH ASSISTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.171054123
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 70 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. LINDER, MONTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7854 142ND AVE NW
 City RAMSEY State MN Zip Code 55303
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) THE CAULKERS CO OF MINNEAPOLIS INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11AI.171054041
 Amount of Each Receipt this Period 200.00
 Memo Item

B. LINDER, MONTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7854 142ND AVE NW
 City RAMSEY State MN Zip Code 55303
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) THE CAULKERS CO OF MINNEAPOLIS INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11AI.171054042
 Amount of Each Receipt this Period 45.00
 Memo Item

C. LITZAU, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1230 ARMSTRONG AVE N
 City GLENCOE State MN Zip Code 55336
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) HR BLOCK Occupation (for Individual) TAX PREPARER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 26 / 2026
Transaction ID : SA11AI.171054844
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 71 OF 263
	(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. LOEHR, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27815 363RD AVE
 City BELGRADE State MN Zip Code 56312
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) DISABLED Occupation (for Individual) DISABLED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 09 / 2026
Transaction ID : SA11Al.171053493
 Amount of Each Receipt this Period 45.00
 Memo Item

B. LOEHR, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27815 363RD AVE
 City BELGRADE State MN Zip Code 56312
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) DISABLED Occupation (for Individual) DISABLED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053494
 Amount of Each Receipt this Period 200.00
 Memo Item

C. LOHMER, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3305 OSGOOD CV N
 City STILLWATER State MN Zip Code 55082
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 23 / 2026
Transaction ID : SA11Al.171054442
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	645.00
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 72 OF 263
	<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. LONG, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11165 HIGHWAY 7
 City WACONIA State MN Zip Code 55387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTEGRITY LANDSCAPE Occupation (for Individual) LANDSCAPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053776
 Amount of Each Receipt this Period 200.00
 Memo Item

B. LONG, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11165 HIGHWAY 7
 City WACONIA State MN Zip Code 55387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTEGRITY LANDSCAPE Occupation (for Individual) LANDSCAPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053777
 Amount of Each Receipt this Period 45.00
 Memo Item

C. LONN, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14702 BOULDER POINTE RD
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 04 / 25 / 2026
Transaction ID : SA11Al.171054247
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	445.00
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 73 OF 263
	<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. LUEPKE, EMMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1817 590TH STREET
 City WOOD LAKE State MN Zip Code 56297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171053576
 Amount of Each Receipt this Period 200.00
 Memo Item

B. LUEPKE, EMMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1817 590TH STREET
 City WOOD LAKE State MN Zip Code 56297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054967
 Amount of Each Receipt this Period 45.00
 Memo Item

C. LUMLEY, RUTH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 14TH ST SE
 City AUSTIN State MN Zip Code 55912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MINNESOTA PRAIRIE COUNTY ALLIANCE Occupation (for Individual) CASE MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 19 / 2026
Transaction ID : SA11Al.171053330
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	445.00
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 74 OF 263
	<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. LUND, KAREN, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6741 ELDORADO WAY
 City CANNON FALLS State MN Zip Code 55009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2026
Transaction ID : SA11Al.171054577
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. LUNDGREN, LAURIENNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 541 INNSBRUCK DR
 City CHASKA State MN Zip Code 55318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2026
Transaction ID : SA11Al.171054537
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. MADISON, GAYLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4537 APPLE TREE RD
 City GILBERT State MN Zip Code 55741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2026
Transaction ID : SA11Al.171054501
 Amount of Each Receipt this Period
 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 75 OF 263
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MARTIN, NATHANIEL, , ,

Mailing Address 19 OAK AVE N

City MAPLE LAKE	State MN	Zip Code 55358
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INDUSTRIAL PROGRAMMER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2026

Transaction ID : SA11Al.171054970

Amount of Each Receipt this Period
45.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MARTIN, NATHANIEL, , ,

Mailing Address 19 OAK AVE N

City MAPLE LAKE	State MN	Zip Code 55358
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INDUSTRIAL PROGRAMMER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026

Transaction ID : SA11Al.171053726

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCEVOY, GALE, , ,

Mailing Address 2638 SAND TRAP RD SE

City ROCHESTER	State MN	Zip Code 55904
-------------------	-------------	-------------------

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

Name of Employer (for Individual) PRIME TIME HEALTH ADVISORS	Occupation (for Individual) MANAGER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2026

Transaction ID : SA11Al.171053830

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	445.00
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 76 OF 263
	<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. MCEVOY, GALE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2638 SAND TRAP RD SE
 City ROCHESTER State MN Zip Code 55904
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) PRIME TIME HEALTH ADVISORS Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11Al.171053831
 Amount of Each Receipt this Period 45.00
 Memo Item

B. MCGREW, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2544 HAGBERG ST
 City DULUTH State MN Zip Code 55811
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.171054378
 Amount of Each Receipt this Period 400.00
 Memo Item

C. MCMULLEN, ERICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10952 GLEN WILDING PL
 City BLOOMINGTON State MN Zip Code 55431
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE AND CONSULTING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 16 / 2026
Transaction ID : SA11Al.170159022
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 645.00
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 77 OF 263
	<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. MCMULLEN, ERICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10952 GLEN WILDING PL
 City BLOOMINGTON State MN Zip Code 55431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE AND CONSULTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 23 / 2026
Transaction ID : SA11AI.171054082
 Amount of Each Receipt this Period 200.00
 Memo Item

B. MCNEILUS, MALACHI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1910 6TH AVE NE
 City ROCHESTER State MN Zip Code 55906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STERLING STATE BANK Occupation (for Individual) BANKING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 08 / 2026
Transaction ID : SA11AI.171053280
 Amount of Each Receipt this Period 200.00
 Memo Item

C. MCSHANE, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 BANDEL DR NW
 City ROCHESTER State MN Zip Code 55901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PHARMACEUTICAL SPECIALTIES INC Occupation (for Individual) MICROBIOLOGY LAB LEAD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11AI.171053863
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. MEEKS, ANNETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20461 CYPRESS DR
 City FARMINGTON State MN Zip Code 55024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FREEDOM FOUNDATION OF MINNESOTA Occupation (for Individual) THINK TANK EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.171054892
 Amount of Each Receipt this Period 400.00
 Memo Item

B. MEIS, SHERI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12121 165TH AVE
 City FERGUS FALLS State MN Zip Code 56537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INSURANCE SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171053743
 Amount of Each Receipt this Period 400.00
 Memo Item

C. MERICKEL, TOMMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 THUMPER LODGE RD
 City OTTERTAIL State MN Zip Code 56571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TAYLOR CORPORATION Occupation (for Individual) CHIEF SALES OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.171053351
 Amount of Each Receipt this Period 400.00
 Memo Item

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 79 OF 263
	<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. MESENBRINK, PATTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6825 YORK PL N
 City BROOKLYN CENTER State MN Zip Code 55429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WORD TECH SECRETARIAL SERVICE INC Occupation (for Individual) TRANSCRIPTION SERVICE OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 07 / 2026
Transaction ID : SA11AI.171054898
 Amount of Each Receipt this Period 200.00
 Memo Item

B. METCALF, ANNEMARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11240 PARTRIDGE ST NW
 City COON RAPIDS State MN Zip Code 55433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) TUTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 08 / 2026
Transaction ID : SA11AI.171054912
 Amount of Each Receipt this Period 200.00
 Memo Item

C. METCALF, ANNEMARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11240 PARTRIDGE ST NW
 City COON RAPIDS State MN Zip Code 55433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) TUTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11AI.171054913
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
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 80 OF 263
	<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. METIL, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4730 W 66TH ST
 City EDINA State MN Zip Code 55435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ATC Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 10 / 2026
Transaction ID : SA11Al.171054919
 Amount of Each Receipt this Period 200.00
 Memo Item

B. METIL, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4730 W 66TH ST
 City EDINA State MN Zip Code 55435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ATC Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054920
 Amount of Each Receipt this Period 200.00
 Memo Item

C. MILLER, DARIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 260 IKOLA ROAD
 City ESKO State MN Zip Code 55733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ENTREPRENEUR Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 645.00

Date of Receipt 04 / 16 / 2026
Transaction ID : SA11Al.171053974
 Amount of Each Receipt this Period 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 81 OF 263
	<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. MILLER, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36322 CLEAR LAKE DR
 City WASECA State MN Zip Code 56093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WASECA DENTAL CARE Occupation (for Individual) DENTAL HYGIENIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053460
 Amount of Each Receipt this Period 400.00
 Memo Item

B. MIRON, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33154 COUNTRY LOOP
 City WADENA State MN Zip Code 56482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DIGIKEY ELECTRONICS Occupation (for Individual) TECHNICAL CONTENT DEVELOPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171054878
 Amount of Each Receipt this Period 200.00
 Memo Item

C. MIRON, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33154 COUNTRY LOOP
 City WADENA State MN Zip Code 56482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DIGIKEY ELECTRONICS Occupation (for Individual) TECHNICAL CONTENT DEVELOPER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171054879
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 82 OF 263
	<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. MOOSAVI, SADREDIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 726 BAKER AVENUE
 City MANKATO State MN Zip Code 56001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONSULTING GEOLOGIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053415
 Amount of Each Receipt this Period 200.00
 Memo Item

B. MOOSAVI, SADREDIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 726 BAKER AVENUE
 City MANKATO State MN Zip Code 56001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONSULTING GEOLOGIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053416
 Amount of Each Receipt this Period 45.00
 Memo Item

C. MORGAN, SONJA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8055 PENN AVE S APT 821
 City BLOOMINGTON State MN Zip Code 55431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SURGICAL SPECIALTY CENTER OF MN Occupation (for Individual) REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 26 / 2026
Transaction ID : SA11Al.171054117
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 83 OF 263
	<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. MORTON, MONIQUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5144 EAST OAK POINT DRIVE
 City PRIOR LAKE State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.171054524
 Amount of Each Receipt this Period 400.00
 Memo Item

B. MULVIHILL, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1154 ORCHARD PL
 City MENDOTA HEIGHTS State MN Zip Code 55118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GERTENS Occupation (for Individual) CUSTOMER SERVICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.171053441
 Amount of Each Receipt this Period 200.00
 Memo Item

C. MULVIHILL, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1154 ORCHARD PL
 City MENDOTA HEIGHTS State MN Zip Code 55118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GERTENS Occupation (for Individual) CUSTOMER SERVICE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.171055010
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 263
	<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. MYHRA, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13220 ELM LN
 City BURNSVILLE State MN Zip Code 55337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2026
Transaction ID : SA11Al.171054216
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. NARA, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15039 DERBY CIRCLE
 City ROSEMOUNT State MN Zip Code 55068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 271.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : SA11Al.171054251
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. NARA, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15039 DERBY CIRCLE
 City ROSEMOUNT State MN Zip Code 55068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 271.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : SA11Al.171054252
 Amount of Each Receipt this Period
 71.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	671.00
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 85 OF 263
	<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. NASMAN, LORITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76498 290TH ST
 City MADELIA State MN Zip Code 56062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **04 / 11 / 2026**
Transaction ID : SA11Al.171053575
 Amount of Each Receipt this Period 200.00
 Memo Item

B. NASMAN, LORITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76498 290TH ST
 City MADELIA State MN Zip Code 56062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **04 / 12 / 2026**
Transaction ID : SA11Al.171055002
 Amount of Each Receipt this Period 45.00
 Memo Item

C. NELSON, DUANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25439 MANNING TRL
 City CHISAGO CITY State MN Zip Code 55013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 15 / 2026**
Transaction ID : SA11Al.171054377
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 86 OF 263
<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. NELSON, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54111 STATE HIGHWAY 48
 City HINCKLEY State MN Zip Code 55037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) BOOKKEEPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 26 / 2026
Transaction ID : SA11Al.171053285
 Amount of Each Receipt this Period 200.00
 Memo Item

B. NELSON, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54111 STATE HIGHWAY 48
 City HINCKLEY State MN Zip Code 55037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) BOOKKEEPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 26 / 2026
Transaction ID : SA11Al.171053286
 Amount of Each Receipt this Period 45.00
 Memo Item

C. NELSON, TERRI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14375 8TH AVE N
 City PLYMOUTH State MN Zip Code 55447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.171053693
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	445.00
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 87 OF 263
	<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. NEUBERT, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 N MAIN ST
 City MAHNOMEN State MN Zip Code 56557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 16 / 2026
Transaction ID : SA11Al.171054999
 Amount of Each Receipt this Period 45.00
 Memo Item

B. NEUBERT, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 N MAIN ST
 City MAHNOMEN State MN Zip Code 56557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171054558
 Amount of Each Receipt this Period 200.00
 Memo Item

C. NISLEY, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 4TH AVE SW
 City PINE CITY State MN Zip Code 55063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MINNESOTA HOUSE OF REPRESENTATIVES Occupation (for Individual) COMMITTEE ADMINISTRATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.171053377
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.00
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 88 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. NISLEY, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 4TH AVE SW
 City PINE CITY State MN Zip Code 55063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MINNESOTA HOUSE OF REPRESENTATIVES Occupation (for Individual) COMMITTEE ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171053378
 Amount of Each Receipt this Period 200.00
 Memo Item

B. NORDIN, RON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 76
 City LANCASTER State MN Zip Code 56735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 02 / 2026
Transaction ID : SA11Al.170006051
 Amount of Each Receipt this Period 45.00
 Memo Item

C. NORDIN, RON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 76
 City LANCASTER State MN Zip Code 56735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.171054670
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	445.00
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 89 OF 263
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NOVOTNY CHANCE, EMILY, , ,

Mailing Address 12029 HIGHLAND RD NW

City ELK RIVER	State MN	Zip Code 55330
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) EVENTS PRODUCER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2026

Transaction ID : SA11Al.171053556

Amount of Each Receipt this Period
600.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NOVOTNY CHANCE, EMILY, , ,

Mailing Address 12029 HIGHLAND RD NW

City ELK RIVER	State MN	Zip Code 55330
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) EVENTS PRODUCER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2026

Transaction ID : SA11Al.171054956

Amount of Each Receipt this Period
180.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OCKENGA, AMANDA, , ,

Mailing Address 2448 80TH AVE

City JASPER	State MN	Zip Code 56144
----------------	-------------	-------------------

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

Name of Employer (for Individual) NOT EMPLOYED	Occupation (for Individual) NOT EMPLOYED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2026

Transaction ID : SA11Al.171053907

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1180.00
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 90 OF 263
	<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. OCONNOR, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22292 GREAT NORTHERN DRIVE
 City COLD SPRING State MN Zip Code 56320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054345
 Amount of Each Receipt this Period 200.00
 Memo Item

B. OCONNOR, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22292 GREAT NORTHERN DRIVE
 City COLD SPRING State MN Zip Code 56320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054346
 Amount of Each Receipt this Period 25.00
 Memo Item

C. OELKERS, MONTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23214 FLINTWOOD STREET NW
 City SAINT FRANCIS State MN Zip Code 55070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PAINTING CONTRACTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 12 / 2026
Transaction ID : SA11Al.171054975
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	270.00
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 91 OF 263
	<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. OELKERS, MONTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23214 FLINTWOOD STREET NW
 City SAINT FRANCIS State MN Zip Code 55070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PAINTING CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 12 / 2026
Transaction ID : SA11Al.171053987
 Amount of Each Receipt this Period 200.00
 Memo Item

B. OLSON, JEREMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1186 SADDLEBROOK LN
 City WOODBURY State MN Zip Code 55125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATE OF MINNESOTA Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053343
 Amount of Each Receipt this Period 400.00
 Memo Item

C. OLSON, KARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4755 PARK COMMONS DR APT 119
 City ST LOUIS PARK State MN Zip Code 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 09 / 2026
Transaction ID : SA11Al.171054504
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 263
	<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. ONEILL, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10009 JAMES AVE NE
 City OTSEGO State MN Zip Code 55362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) TILE SETTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2026
Transaction ID : SA11Al.171054894
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. ONEILL, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10009 JAMES AVE NE
 City OTSEGO State MN Zip Code 55362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) TILE SETTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2026
Transaction ID : SA11Al.171054895
 Amount of Each Receipt this Period
 45.00
 Memo Item

C. OSTHUS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2071 GARNET LN
 City EAGAN State MN Zip Code 55122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2026
Transaction ID : SA11Al.171054324
 Amount of Each Receipt this Period
 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	845.00
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 93 OF 263
	<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. PAPE, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14396 PRAIRIE RD NW
 City ANDOVER State MN Zip Code 55304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2026
Transaction ID : SA11Al.171054236
 Amount of Each Receipt this Period
 45.00
 Memo Item

B. PAPE, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14396 PRAIRIE RD NW
 City ANDOVER State MN Zip Code 55304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2026
Transaction ID : SA11Al.171054237
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. PARIS, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2009 E 122ND ST # 20
 City BURNSVILLE State MN Zip Code 55337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2026
Transaction ID : SA11Al.171054313
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	445.00
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 94 OF 263
	<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. PARKS, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14396 PRAIRIE RD NW
 City ANDOVER State MN Zip Code 55304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COSTCO PHARMACY 0372 Occupation (for Individual) PHARMACIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.171054007
 Amount of Each Receipt this Period 45.00
 Memo Item

B. PARKS, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14396 PRAIRIE RD NW
 City ANDOVER State MN Zip Code 55304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COSTCO PHARMACY 0372 Occupation (for Individual) PHARMACIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171054006
 Amount of Each Receipt this Period 200.00
 Memo Item

C. PARMETER, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5590 STARK RD
 City PROCTOR State MN Zip Code 55810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTURY 21 ATWOOD Occupation (for Individual) REALTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054087
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	645.00
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 95 OF 263
	(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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. PARNELL, STEVEN, , ,

Mailing Address 3605 CEDAR CREEK CT

City FAIRMONT	State MN	Zip Code 56031
------------------	-------------	-------------------

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

Name of Employer (for Individual) INTEGRITY MEDICAL CENTER PA	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2026

Transaction ID : SA11Al.171054014

Amount of Each Receipt this Period
400.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. PASCOE, DAVID, , ,

Mailing Address 1808 FIELDS DR

City CARVER	State MN	Zip Code 55315
----------------	-------------	-------------------

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

Name of Employer (for Individual) PHYSICIAN WEALTH PARTNERS	Occupation (for Individual) FINANCIAL ADVISOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2026

Transaction ID : SA11Al.171053626

Amount of Each Receipt this Period
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. PETERSEN, MICHAEL, , ,

Mailing Address 3802 COUNTY ROAD 150 SW

City BYRON	State MN	Zip Code 55920
---------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2026

Transaction ID : SA11Al.171053975

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 96 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 of Individual (Last, First, Middle Initial) or Full Organization Name A. PETERSON, NICHOLAS, , ,		Date of Receipt
Mailing Address 600 SKI HILL DR		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2026"/>
City STAPLES	State MN	Zip Code 56479
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.171053640
Name of Employer (for Individual) MASON BROTHERS COMPANY		Occupation (for Individual) FORKLIFT DRIVER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	Amount of Each Receipt this Period <input type="text" value="200.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. PETERSON, NICHOLAS, , ,		Date of Receipt
Mailing Address 600 SKI HILL DR		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2026"/>
City STAPLES	State MN	Zip Code 56479
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.171053641
Name of Employer (for Individual) MASON BROTHERS COMPANY		Occupation (for Individual) FORKLIFT DRIVER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	Amount of Each Receipt this Period <input type="text" value="45.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. PETERSON, NORMA, , ,		Date of Receipt
Mailing Address 8028 22ND CT N		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2026"/>
City LAKE ELMO	State MN	Zip Code 55042
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.171054609
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="400.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="645.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 263
	<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. PETERSON, WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7120 10TH AVE S
 City RICHFIELD State MN Zip Code 55423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 04 / 2026
Transaction ID : SA11AI.170006052
 Amount of Each Receipt this Period 45.00
 Memo Item

B. PETERSON, WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7120 10TH AVE S
 City RICHFIELD State MN Zip Code 55423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 10 / 2026
Transaction ID : SA11AI.171054592
 Amount of Each Receipt this Period 200.00
 Memo Item

C. QUALLS, ASHLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 755 LILIUM TRL
 City MEDINA State MN Zip Code 55340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11AI.171053883
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	645.00
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 98 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. QUAM, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 MEADOWLARK CT NW
 City BYRON State MN Zip Code 55920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USPS Occupation (for Individual) POSTMASTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 23 / 2026
Transaction ID : SA11Al.171054030
 Amount of Each Receipt this Period 400.00
 Memo Item

B. RAMFJORD, DAVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3723 LOON LAKE RD
 City AURORA State MN Zip Code 55705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ST LOUIS COUNTY Occupation (for Individual) EQUIPMENT OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.171053550
 Amount of Each Receipt this Period 400.00
 Memo Item

C. RANISATE, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58686 STATE HIGHWAY 34
 City PARK RAPIDS State MN Zip Code 56470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEADING EDGE MECHANICAL Occupation (for Individual) MECHANIC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053854
 Amount of Each Receipt this Period 400.00
 Memo Item

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 99 OF 263
	<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. REED, ROSEANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4407 MAIN ST
 City PEQUOT LAKES State MN Zip Code 56472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTHWOODS DANCE Occupation (for Individual) SELF-EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 04 / 2026
Transaction ID : SA11AI.170006062
 Amount of Each Receipt this Period 45.00
 Memo Item

B. REED, ROSEANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4407 MAIN ST
 City PEQUOT LAKES State MN Zip Code 56472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTHWOODS DANCE Occupation (for Individual) SELF-EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 08 / 2026
Transaction ID : SA11AI.171054747
 Amount of Each Receipt this Period 200.00
 Memo Item

C. REINHART, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 CASS ST
 City LA CROSSE State WI Zip Code 54601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 04 / 07 / 2026
Transaction ID : SA11AI.169998024
 Amount of Each Receipt this Period 10000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	10245.00
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 100 OF 263
	<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. RETHWISCH, CURTIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 CENTER ST S
 City LAKE BENTON State MN Zip Code 56149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 09 / 2026**
Transaction ID : SA11Al.171054142
 Amount of Each Receipt this Period 600.00
 Memo Item

B. REYES, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7807 21ST ST N
 City OAKDALE State MN Zip Code 55128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUPERIOR STEEL SUPPLY Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt **04 / 09 / 2026**
Transaction ID : SA11Al.171055007
 Amount of Each Receipt this Period 200.00
 Memo Item

C. REYES, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7807 21ST ST N
 City OAKDALE State MN Zip Code 55128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUPERIOR STEEL SUPPLY Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt **04 / 09 / 2026**
Transaction ID : SA11Al.169729339
 Amount of Each Receipt this Period 105.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	905.00
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 101 OF 263
	<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. REYES, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7807 21ST ST N
 City OAKDALE State MN Zip Code 55128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUPERIOR STEEL SUPPLY Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt **04 / 18 / 2026**
Transaction ID : SA11Al.171053834
 Amount of Each Receipt this Period 200.00
 Memo Item

B. RICKER, LLOYD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 626 ALDEN PARK DRIVE
 City PAYNESVILLE State MN Zip Code 56362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 28 / 2026**
Transaction ID : SA11Al.171054561
 Amount of Each Receipt this Period 400.00
 Memo Item

C. RISDALL, TED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 WILLOW RD
 City NORTH OAKS State MN Zip Code 55127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **04 / 20 / 2026**
Transaction ID : SA11Al.171053841
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 263
	<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. ROBBINS, BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7730 ZANZIBAR LANE N
 City MAPLE GROVE State MN Zip Code 55311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPPER MIDWEST LAW CENTER Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 04 / 11 / 2026
Transaction ID : SA11Al.171055003
 Amount of Each Receipt this Period 90.00
 Memo Item

B. ROBBINS, BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7730 ZANZIBAR LANE N
 City MAPLE GROVE State MN Zip Code 55311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPPER MIDWEST LAW CENTER Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11Al.171053787
 Amount of Each Receipt this Period 400.00
 Memo Item

C. ROSS, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25663 328TH AVE SW
 City FISHER State MN Zip Code 56723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JON ROSS INC Occupation (for Individual) AG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 04 / 09 / 2026
Transaction ID : SA11Al.171053215
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	890.00
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 103 OF 263
	<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. ROUSE, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15416 SUSSEX DR
 City MINNETONKA State MN Zip Code 55345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROUSE LAW FIRM Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053260
 Amount of Each Receipt this Period 400.00
 Memo Item

B. RULE, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17532 ORCHID ST NW
 City ANDOVER State MN Zip Code 55304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CBRE Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 26 / 2026
Transaction ID : SA11Al.171053182
 Amount of Each Receipt this Period 200.00
 Memo Item

C. RULE, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17532 ORCHID ST NW
 City ANDOVER State MN Zip Code 55304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CBRE Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 26 / 2026
Transaction ID : SA11Al.171054965
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	645.00
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 104 OF 263
	<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. RYAN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5944 WOODDALE AVE
 City EDINA State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : SA11Al.171054549
 Amount of Each Receipt this Period 400.00
 Memo Item

B. SATERBAK, B JAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6445 WHITE DRIVE
 City PRIOR LAKE State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt **04 / 29 / 2026**
Transaction ID : SA11Al.171054568
 Amount of Each Receipt this Period 70.00
 Memo Item

C. SATERBAK, B JAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6445 WHITE DRIVE
 City PRIOR LAKE State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt **04 / 29 / 2026**
Transaction ID : SA11Al.171054569
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	870.00
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 105 OF 263
	<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. SAUER, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15044 HELD CIRCLE
 City COLD SPRING State MN Zip Code 56320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2026
Transaction ID : SA11Al.171054255
 Amount of Each Receipt this Period
 90.00
 Memo Item

B. SAUER, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15044 HELD CIRCLE
 City COLD SPRING State MN Zip Code 56320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2026
Transaction ID : SA11Al.171054253
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. SCHILLING, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 1ST AVE NW
 City LITTLE FALLS State MN Zip Code 56345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MNARNG Occupation (for Individual) TRANSPORTATION COORDINATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : SA11Al.171054901
 Amount of Each Receipt this Period
 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	690.00
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 106 OF 263
	<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. SCHNEEMAN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 345 ST PETER ST
2040 LANDMARK TOWER

City ST PAUL State MN Zip Code 55102

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

Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 04 / 07 / 2026
Transaction ID : SA11AI.169641527

Amount of Each Receipt this Period 83.33

Memo Item

B. SCHOENBORN, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2398 260TH ST

City WAUBUN State MN Zip Code 56589

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 445.00

Date of Receipt 04 / 16 / 2026
Transaction ID : SA11AI.171054977

Amount of Each Receipt this Period 45.00

Memo Item

C. SCHOENBORN, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2398 260TH ST

City WAUBUN State MN Zip Code 56589

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 445.00

Date of Receipt 04 / 26 / 2026
Transaction ID : SA11AI.171054362

Amount of Each Receipt this Period 400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	528.33
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 107 OF 263
	<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. SCHRAEDER, CHERYL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27210 142ND STREET NW
 City ZIMMERMAN State MN Zip Code 55398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.171054394
 Amount of Each Receipt this Period 70.00
 Memo Item

B. SCHRAEDER, CHERYL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27210 142ND STREET NW
 City ZIMMERMAN State MN Zip Code 55398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.171054395
 Amount of Each Receipt this Period 200.00
 Memo Item

C. SCHUETTE, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1446 ENGLERT RD
 City EAGAN State MN Zip Code 55122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTMENT ADVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 645.00

Date of Receipt 04 / 09 / 2026
Transaction ID : SA11Al.171053627
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 315.00
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 108 OF 263
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SCHUETTE, JEFFREY, , ,

Mailing Address **1446 ENGLERT RD**

City EAGAN	State MN	Zip Code 55122
----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTMENT ADVISOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **645.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2026

Transaction ID : SA11Al.171053749

Amount of Each Receipt this Period

200.00

 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SCHUETTE, JEFFREY, , ,

Mailing Address **1446 ENGLERT RD**

City EAGAN	State MN	Zip Code 55122
----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTMENT ADVISOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **645.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2026

Transaction ID : SA11Al.170041377

Amount of Each Receipt this Period

100.00

 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SCHULTZ, ISAAC, , ,

Mailing Address **4885 CARTWAY RD**

City BURTRUM	State MN	Zip Code 56318
------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) SCHULTZ AUCTIONEERS	Occupation (for Individual) AUCTIONEER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : SA11Al.171053267

Amount of Each Receipt this Period

200.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 109 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. SCHULTZ, ISAAC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4885 CARTWAY RD
 City BURTRUM State MN Zip Code 56318
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SCHULTZ AUCTIONEERS Occupation (for Individual) AUCTIONEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053268
 Amount of Each Receipt this Period 45.00
 Memo Item

B. SCHULTZ, JANICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4612 WILDERNESS DR NE
 City REMER State MN Zip Code 56672
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) MUSKY HOUSE Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 26 / 2026
Transaction ID : SA11Al.171053938
 Amount of Each Receipt this Period 400.00
 Memo Item

C. SCHUMANN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12120 COUNTY 9 RD
 City EYOTA State MN Zip Code 55934
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.171054189
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 110 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. SCHUMANN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12120 COUNTY 9 RD
 City EYOTA State MN Zip Code 55934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.171054191
 Amount of Each Receipt this Period 45.00
 Memo Item

B. SCHUTZ, JANET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 865 NAVAJO RD W
 City MEDINA State MN Zip Code 55340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.171054633
 Amount of Each Receipt this Period 200.00
 Memo Item

C. SCHUTZ, JANET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 865 NAVAJO RD W
 City MEDINA State MN Zip Code 55340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11Al.171054634
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	445.00
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 111 OF 263
<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. SCHWANBECK, CARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5053 190TH LN NE
 City COLUMBUS State MN Zip Code 55092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171054518
 Amount of Each Receipt this Period 400.00
 Memo Item

B. SCISLOW, ED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 OAK SHORE DR
 City BURNSVILLE State MN Zip Code 55306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SCISLOW FINANCIAL SERVICES INC Occupation (for Individual) INSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171053738
 Amount of Each Receipt this Period 70.00
 Memo Item

C. SCISLOW, ED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 OAK SHORE DR
 City BURNSVILLE State MN Zip Code 55306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SCISLOW FINANCIAL SERVICES INC Occupation (for Individual) INSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171053739
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	870.00
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 112 OF 263
	<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. SEPEDA, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2827 OAKRIDGE DR SW
 City ROCHESTER State MN Zip Code 55902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIDELITY HEALTHCARE Occupation (for Individual) IHS WORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.171053725
 Amount of Each Receipt this Period 400.00
 Memo Item

B. SEROCKI, CHASITY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1254 W 3RD ST
 City WINONA State MN Zip Code 55987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.171053692
 Amount of Each Receipt this Period 400.00
 Memo Item

C. SEVLIE, TAMRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1538 WOODLAND DR
 City RED WING State MN Zip Code 55066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTER FOR NATURAL HEALTHCARE PLLC Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171053934
 Amount of Each Receipt this Period 400.00
 Memo Item

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 113 OF 263
	<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. SHARPE, JANAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1576 FERNWOOD ST
 City SAINT PAUL State MN Zip Code 55108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053900
 Amount of Each Receipt this Period 200.00
 Memo Item

B. SHIMANSKI, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23808 JET AVE
 City SILVER LAKE State MN Zip Code 55381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171054360
 Amount of Each Receipt this Period 400.00
 Memo Item

C. SHULZ, BRANT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8520 WOODLAND CURV
 City SAINT BONIFACIUS State MN Zip Code 55375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 11 / 2026
Transaction ID : SA11Al.171054629
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 114 OF 263
	<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. SHULZ, BRANT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8520 WOODLAND CURV
 City SAINT BONIFACIUS State MN Zip Code 55375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.171054630
 Amount of Each Receipt this Period 200.00
 Memo Item

B. SIPE, TERIANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14290 JONQUIL LANE NORTH
 City DAYTON State MN Zip Code 55327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SIPE BROS INC Occupation (for Individual) OFFICE MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 25 / 2026
Transaction ID : SA11Al.171053940
 Amount of Each Receipt this Period 200.00
 Memo Item

C. SMITH, LOWELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4929 ASHLEY RD
 City BAXTER State MN Zip Code 56425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SCTCC Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054058
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 263
	<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. SPAETH, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2671 161ST STREET
 City CURRIE State MN Zip Code 56123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) READING BUS LINES Occupation (for Individual) BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054946
 Amount of Each Receipt this Period 45.00
 Memo Item

B. SPAETH, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2671 161ST STREET
 City CURRIE State MN Zip Code 56123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) READING BUS LINES Occupation (for Individual) BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053298
 Amount of Each Receipt this Period 400.00
 Memo Item

C. SPILMAN, JEROD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 ZIMMERMAN RD
 City COURTLAND State MN Zip Code 56021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 3M Occupation (for Individual) PRODUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 23 / 2026
Transaction ID : SA11Al.171054982
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	490.00
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 116 OF 263
	<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. SPILMAN, JEROD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 ZIMMERMAN RD
 City COURTLAND State MN Zip Code 56021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 3M Occupation (for Individual) PRODUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054053
 Amount of Each Receipt this Period 200.00
 Memo Item

B. STANTON, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2511 WIMBLEDON PL
 City WOODBURY State MN Zip Code 55125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.171054373
 Amount of Each Receipt this Period 400.00
 Memo Item

C. STEVENS, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24722 EVERGREEN DRIVE
 City BOVEY State MN Zip Code 55709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 226.03

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.171054367
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 263
	<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. STIMSON, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26981 OLYMPIC TRL
 City LINDSTROM State MN Zip Code 55045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2026
Transaction ID : SA11Al.171054392
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. STRIEMER, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17286 LEONARD LN
 City BRAINERD State MN Zip Code 56401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2026
Transaction ID : SA11Al.171054285
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. STRIEMER, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17286 LEONARD LN
 City BRAINERD State MN Zip Code 56401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : SA11Al.171054287
 Amount of Each Receipt this Period
 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	690.00
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 118 OF 263
	<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. STURROCK, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1142 DAVID DR
 City MARSHALL State MN Zip Code 56258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARSHALL AREA CHAMBER OF COMMERCE Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171054059
 Amount of Each Receipt this Period 600.00
 Memo Item

B. STURROCK, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1142 DAVID DR
 City MARSHALL State MN Zip Code 56258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARSHALL AREA CHAMBER OF COMMERCE Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171054945
 Amount of Each Receipt this Period 90.00
 Memo Item

C. SUNDE, BRADLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26303 AURDAL RIVER RD
 City FERGUS FALLS State MN Zip Code 56537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRADCO RESTORATION INC Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 18 / 2026
Transaction ID : SA11Al.171053418
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1090.00
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 119 OF 263
	<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

A. SWANSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 914 CHARLOTTE DR
 City ANOKA State MN Zip Code 55303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.171054647
 Amount of Each Receipt this Period 45.00
 Memo Item

B. SWANSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 914 CHARLOTTE DR
 City ANOKA State MN Zip Code 55303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.171054648
 Amount of Each Receipt this Period 200.00
 Memo Item

C. SWARTZENTRUBER, ENOS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19078 COUNTY
 City LONG PRAIRIE State MN Zip Code 56347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) WOODWORKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171054932
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	645.00
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 120 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. SWENSEN, REED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17555 BEARPATH TRL
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RESPONSE MARKETING INC Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.171053965
 Amount of Each Receipt this Period 200.00
 Memo Item

B. SWENSON, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16965 RIVER ROAD
 City GRAND RAPIDS State MN Zip Code 55744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 17 / 2026
Transaction ID : SA11Al.171054276
 Amount of Each Receipt this Period 45.00
 Memo Item

C. SWENSON, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16965 RIVER ROAD
 City GRAND RAPIDS State MN Zip Code 55744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 17 / 2026
Transaction ID : SA11Al.171054277
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	445.00
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 121 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. SWENSON, CLARISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10206 HIGHWAY 92
 City MOUNTAIN IRON State MN Zip Code 55768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171054144
 Amount of Each Receipt this Period 400.00
 Memo Item

B. TERPSTRA, BRENDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 OAK LEAF DR
 City WINONA State MN Zip Code 55987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.171054388
 Amount of Each Receipt this Period 400.00
 Memo Item

C. THEROUX, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3915 VIKING BLVD NW
 City ANOKA State MN Zip Code 55303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171054466
 Amount of Each Receipt this Period 400.00
 Memo Item

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 122 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. THURN, DARYL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20261 385TH AVE
 City GREEN ISLE State MN Zip Code 55338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CONTEGO MEDICAL Occupation (for Individual) PRINCIPLE ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054047
 Amount of Each Receipt this Period 200.00
 Memo Item

B. TINGELSTAD, KATHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12895 KERRY ST NW
 City COON RAPIDS State MN Zip Code 55448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 04 / 10 / 2026
Transaction ID : SA11Al.169906915
 Amount of Each Receipt this Period 10.00
 Memo Item

C. TINGELSTAD, KATHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12895 KERRY ST NW
 City COON RAPIDS State MN Zip Code 55448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.171054207
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	410.00
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 123 OF 263
	<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. TOWNSHEND, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4824 HUMBOLDT AVE N
 City MINNEAPOLIS State MN Zip Code 55430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171054505
 Amount of Each Receipt this Period 400.00
 Memo Item

B. TRAUTZ, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5201 EDEN AVE SUITE 370
 City EDINA State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 16 / 2026
Transaction ID : SA11Al.170106546
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. TROMBELLO, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 1ST AVE NE
 City GLENWOOD State MN Zip Code 56334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FAST GLOBAL Occupation (for Individual) FABRICATION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171053569
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 263
	<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. TUSA, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70901 530TH AVE
 City JACKSON State MN Zip Code 56143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PALMER BUS SERVICE Occupation (for Individual) SCHOOL BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11AI.171054728
 Amount of Each Receipt this Period 400.00
 Memo Item

B. UNTERSEHER, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3350 ZIRCON LN N
 City PLYMOUTH State MN Zip Code 55447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 08 / 2026
Transaction ID : SA11AI.171054444
 Amount of Each Receipt this Period 200.00
 Memo Item

C. VETSCH, LEROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 BLUE BIRD PATH
 City MANKATO State MN Zip Code 56001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 08 / 2026
Transaction ID : SA11AI.171054198
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 125 OF 263
	<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. VOIGT, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1620 CENTRAL PARK STREET
 City RED WING State MN Zip Code 55066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 10 / 2026
Transaction ID : SA11Al.171054268
 Amount of Each Receipt this Period 400.00
 Memo Item

B. VOLD, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4430 ALVARADO CIRCLE N
 City PLYMOUTH State MN Zip Code 55446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRANSHIELD INC Occupation (for Individual) ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.171053212
 Amount of Each Receipt this Period 200.00
 Memo Item

C. VOLD, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4430 ALVARADO CIRCLE N
 City PLYMOUTH State MN Zip Code 55446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRANSHIELD INC Occupation (for Individual) ADVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171053213
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 645.00
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 126 OF 263
	<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. VUKELICH, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5481 245TH ST
 City FOREST LAKE State MN Zip Code 55025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 24 / 2026
Transaction ID : SA11Al.171054539
 Amount of Each Receipt this Period 45.00
 Memo Item

B. VUKELICH, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5481 245TH ST
 City FOREST LAKE State MN Zip Code 55025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 24 / 2026
Transaction ID : SA11Al.171054540
 Amount of Each Receipt this Period 200.00
 Memo Item

C. WALDNER, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1717 S PAYNE ST
 City NEW ULM State MN Zip Code 56073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 23 / 2026
Transaction ID : SA11Al.171054282
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	445.00
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 127 OF 263
	<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. WALDNER, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1717 S PAYNE ST
 City NEW ULM State MN Zip Code 56073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 23 / 2026
Transaction ID : SA11Al.171054964
 Amount of Each Receipt this Period 45.00
 Memo Item

B. WATSON, ANNETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 S ATLANTIC AVE APT 106
 City MORRIS State MN Zip Code 56267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171053685
 Amount of Each Receipt this Period 45.00
 Memo Item

C. WATSON, ANNETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 S ATLANTIC AVE APT 106
 City MORRIS State MN Zip Code 56267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171053686
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.00
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 128 OF 263
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WAYTASHEK, TODD, , ,

Mailing Address 5900 5TH AVE NW

City SAUK RAPIDS	State MN	Zip Code 56379
---------------------	-------------	-------------------

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

Name of Employer (for Individual) ENTREPRENEUR	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2026

Transaction ID : SA11Al.171054997

Amount of Each Receipt this Period
45.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WAYTASHEK, TODD, , ,

Mailing Address 5900 5TH AVE NW

City SAUK RAPIDS	State MN	Zip Code 56379
---------------------	-------------	-------------------

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

Name of Employer (for Individual) ENTREPRENEUR	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2026

Transaction ID : SA11Al.171054756

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WESTPHAL, TONYA, , ,

Mailing Address 9843 WALNUT GROVE LANE N

City MAPLE GROVE	State MN	Zip Code 55311
---------------------	-------------	-------------------

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

Name of Employer (for Individual) MAPLE GROVE NORTH HOSPITAL	Occupation (for Individual) RN
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2026

Transaction ID : SA11Al.171054678

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 129 OF 263
	<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. WEYRICK, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20473 IDAHO AVE
 City LAKEVILLE State MN Zip Code 55044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DMW FINANCIAL LLC Occupation (for Individual) FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11AI.171053624
 Amount of Each Receipt this Period 400.00
 Memo Item

B. WHELAN, DUANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22203 W COUNTY ROAD 30
 City WABASHA State MN Zip Code 55981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11AI.171054974
 Amount of Each Receipt this Period 45.00
 Memo Item

C. WHELAN, DUANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22203 W COUNTY ROAD 30
 City WABASHA State MN Zip Code 55981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11AI.171054344
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 130 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WHITLOW, JAMES, , ,

Mailing Address 33866 304TH STREET

City ROSEAU	State MN	Zip Code 56751
----------------	-------------	-------------------

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

Name of Employer (for Individual) ACKER BODY SHOP	Occupation (for Individual) COLLISION REPAIR TECHNICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026

Transaction ID : SA11Al.171053370

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WHITLOW, JAMES, , ,

Mailing Address 33866 304TH STREET

City ROSEAU	State MN	Zip Code 56751
----------------	-------------	-------------------

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

Name of Employer (for Individual) ACKER BODY SHOP	Occupation (for Individual) COLLISION REPAIR TECHNICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026

Transaction ID : SA11Al.171053371

Amount of Each Receipt this Period
45.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WIENS, MARK, , ,

Mailing Address 9393 55TH ST N

City LAKE ELMO	State MN	Zip Code 55042
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) STRATEGIST PLANNER & DESIGNER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
304.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2026

Transaction ID : SA11Al.171054818

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	445.00
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 131 OF 263
	(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. WILKIN, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 645 HAMPSHIRE DR
 City MENDOTA HEIGHTS State MN Zip Code 55120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171053409
 Amount of Each Receipt this Period 400.00
 Memo Item

B. WILLIAMSON, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1997 WATERFORD LN
 City CHASKA State MN Zip Code 55318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CARGILL Occupation (for Individual) SCIENTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11Al.171054730
 Amount of Each Receipt this Period 400.00
 Memo Item

C. WINGE, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29953 ORIOLE CIRCLE
 City BREEZY POINT State MN Zip Code 56472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.171054410
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	845.00
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 132 OF 263
	<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. WINGE, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29953 ORIOLE CIRCLE
 City BREEZY POINT State MN Zip Code 56472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.171054411
 Amount of Each Receipt this Period 200.00
 Memo Item

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 CAPITOL AVENUE SUITE 413-B562
 City CHEYENNE State WY Zip Code 82001
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 130700.94

Date of Receipt 04 / 06 / 2026
Transaction ID : SA11Al.169492970
 Amount of Each Receipt this Period 1476.56
 Memo Item
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C. MARSICH, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 HARBORHEAD DR
 City POINT PLEASANT BEACH State NJ Zip Code 08742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 202.35

Date of Receipt 04 / 01 / 2026
Transaction ID : SA11Al.169496440
 Amount of Each Receipt this Period 4.75
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 204.75
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 133 OF 263
	<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. BONIN, JUDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 187 EDGEFIELD LANE
 City STAUNTON State VA Zip Code 24401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) HORSE BOARDING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.95

Date of Receipt 04 / 02 / 2026
Transaction ID : SA11AI.169496494
 Amount of Each Receipt this Period 19.00
 Memo Item
 EARMARKED THROUGH WINRED

B. SPALLONE, ARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5925 BRAE BURN CIRCLE
 City VERO BEACH State FL Zip Code 32967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.25

Date of Receipt 04 / 01 / 2026
Transaction ID : SA11AI.169496559
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

C. GRAINGER, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2898
 City SANTA MARIA State CA Zip Code 93457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 403.75

Date of Receipt 04 / 02 / 2026
Transaction ID : SA11AI.169496562
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	66.50
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 134 OF 263
	<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. DANG, HANH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8906 GRANDVILLE CIR
 City WESTMINSTER State CA Zip Code 92683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.80

Date of Receipt **04 / 02 / 2026**
Transaction ID : SA11AI.169496563
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

B. SMITH, BONADINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2512 GREENBANK DRIVE
 City MYRTLE BEACH State SC Zip Code 29579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 929.45

Date of Receipt **04 / 02 / 2026**
Transaction ID : SA11AI.169496601
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

C. LEHMAN, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3757 TRENERY DR
 City PLEASANTON State CA Zip Code 94588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 223.25

Date of Receipt **04 / 01 / 2026**
Transaction ID : SA11AI.169496631
 Amount of Each Receipt this Period 44.65
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	93.10
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 135 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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

A. OROURKE, DON, , SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 ROPER DRIVE
 City SCOTT State LA Zip Code 70583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.20

Date of Receipt 04 / 01 / 2026
Transaction ID : SA11Al.169496632
 Amount of Each Receipt this Period 44.65
 Memo Item
EARMARKED THROUGH WINRED

B. LAPOINTE, GERMAIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 LATTINTOWN RD
 City NEWBURGH State NY Zip Code 12550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 04 / 02 / 2026
Transaction ID : SA11Al.169496647
 Amount of Each Receipt this Period 71.25
 Memo Item
EARMARKED THROUGH WINRED

C. BEAUDRY, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12696 223RD COURT NORTHWEST
 City ELK RIVER State MN Zip Code 55330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEAUDRY OIL PROPANE Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 01 / 2026
Transaction ID : SA11Al.169496662
 Amount of Each Receipt this Period 300.00
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	415.90
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 136 OF 263
	<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

A. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
130700.94

Date of Receipt
MM / DD / YYYY
04 / 13 / 2026

Transaction ID : SA11AI.169842290

Amount of Each Receipt this Period
7196.38

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. FERNANDO, RAMYA, MARY, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 833 COLRIDGE DRIVE

City CHARLOTTESVILLE State VA Zip Code 22903

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

Name of Employer (for Individual) Occupation (for Individual)
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
704.80

Date of Receipt
MM / DD / YYYY
04 / 03 / 2026

Transaction ID : SA11AI.169843717

Amount of Each Receipt this Period
- 24.70

Memo Item

EARMARKED THROUGH WINRED

CHARGEBACK

C. HARRIS, VICTORIA, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 736 KNOLLWOOD CT

City SALINE State MI Zip Code 48176

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

Name of Employer (for Individual) Occupation (for Individual)
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
268.75

Date of Receipt
MM / DD / YYYY
04 / 09 / 2026

Transaction ID : SA11AI.169843769

Amount of Each Receipt this Period
1.00

Memo Item

EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	- 23.70
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 137 OF 263
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRIS, VICTORIA, , ,

Mailing Address 736 KNOLLWOOD CT

City SALINE	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026

Transaction ID : SA11Al.169843771

Amount of Each Receipt this Period
1.00

Memo Item
EARMARKED THROUGH WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRIS, VICTORIA, , ,

Mailing Address 736 KNOLLWOOD CT

City SALINE	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026

Transaction ID : SA11Al.169843772

Amount of Each Receipt this Period
1.00

Memo Item
EARMARKED THROUGH WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRIS, VICTORIA, , ,

Mailing Address 736 KNOLLWOOD CT

City SALINE	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
268.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026

Transaction ID : SA11Al.169843773

Amount of Each Receipt this Period
1.00

Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	3.00
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 138 OF 263
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRIS, VICTORIA, , ,

Mailing Address 736 KNOLLWOOD CT

City SALINE	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2026

Transaction ID : SA11AI.169843774

Amount of Each Receipt this Period
1.00

Memo Item
EARMARKED THROUGH WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRIS, VICTORIA, , ,

Mailing Address 736 KNOLLWOOD CT

City SALINE	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2026

Transaction ID : SA11AI.169843803

Amount of Each Receipt this Period
4.75

Memo Item
EARMARKED THROUGH WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SPALLONE, ARLENE, , ,

Mailing Address 5925 BRAE BURN CIRCLE

City VERO BEACH	State FL	Zip Code 32967
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
384.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2026

Transaction ID : SA11AI.169843834

Amount of Each Receipt this Period
6.00

Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	11.75
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 139 OF 263
	<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. EMILSON, CARL, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 435 SE KRUEGER PKWY
 City STUART State FL Zip Code 34996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) DISTRIBUTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.44

Date of Receipt 04 / 06 / 2026
Transaction ID : SA11AI.169843835
 Amount of Each Receipt this Period 6.76
 Memo Item
 EARMARKED THROUGH WINRED

B. MARSICH, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 HARBORHEAD DR
 City POINT PLEASANT BEACH State NJ Zip Code 08742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.35

Date of Receipt 04 / 05 / 2026
Transaction ID : SA11AI.169843856
 Amount of Each Receipt this Period 9.50
 Memo Item
 EARMARKED THROUGH WINRED

C. HILL, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8604 WEST ARLINGTON RD
 City HUTCHINSON State KS Zip Code 67501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.15

Date of Receipt 04 / 05 / 2026
Transaction ID : SA11AI.169843858
 Amount of Each Receipt this Period 9.50
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	25.76
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 140 OF 263
	<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. BURNS, MICHAEL, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7287 HORIZON DRIVE
 City WEST PALM BEACH State FL Zip Code 33412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1392.75

Date of Receipt 04 / 07 / 2026
Transaction ID : SA11AI.169843893
 Amount of Each Receipt this Period 20.00
 Memo Item
 EARMARKED THROUGH WINRED

B. EMILSON, CARL, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 435 SE KRUEGER PKWY
 City STUART State FL Zip Code 34996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) DISTRIBUTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.44

Date of Receipt 04 / 06 / 2026
Transaction ID : SA11AI.169843898
 Amount of Each Receipt this Period 22.30
 Memo Item
 EARMARKED THROUGH WINRED

C. CARMODY, GEORGIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1517 N O CONNOR RD
 City IRVING State TX Zip Code 75061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 318.25

Date of Receipt 04 / 09 / 2026
Transaction ID : SA11AI.169843902
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	66.05
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 141 OF 263
	<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. ASHE, MICHOL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1575 BELVIDERE ST
APT 147

City EL PASO State TX Zip Code 79912

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2026

Transaction ID : SA11AI.169843907

Amount of Each Receipt this Period
23.75

Memo Item
EARMARKED THROUGH WINRED

B. OROURKE, DON, , , SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 909 ROPER DRIVE

City SCOTT State LA Zip Code 70583

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2026

Transaction ID : SA11AI.169843913

Amount of Each Receipt this Period
23.75

Memo Item
EARMARKED THROUGH WINRED

C. PLEWS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 540 BLACKHAWK DR

City BATAVIA State IL Zip Code 60510

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
352.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2026

Transaction ID : SA11AI.169843928

Amount of Each Receipt this Period
23.75

Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	71.25
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 142 OF 263
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BOWCUTT, MARILYN, , ,		Date of Receipt MM / DD / YYYY 04 / 09 / 2026 Transaction ID : SA11Al.169843972
Mailing Address 57 POSSUM HOLLOW ROAD		Amount of Each Receipt this Period 24.70
City FAYETTEVILLE	State TN	Zip Code 37334
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item EARMARKED THROUGH WINRED
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BOWCUTT, MARILYN, , ,		Date of Receipt MM / DD / YYYY 04 / 09 / 2026 Transaction ID : SA11Al.169843973
Mailing Address 57 POSSUM HOLLOW ROAD		Amount of Each Receipt this Period 24.70
City FAYETTEVILLE	State TN	Zip Code 37334
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item EARMARKED THROUGH WINRED
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DEAN, MICHAEL, , ,		Date of Receipt MM / DD / YYYY 04 / 09 / 2026 Transaction ID : SA11Al.169843976
Mailing Address 39 ALVORD ST		Amount of Each Receipt this Period 24.70
City SOUTH HADLEY	State MA	Zip Code 01075
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item EARMARKED THROUGH WINRED
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 624.70	

SUBTOTAL of Receipts This Page (optional).....▶	74.10
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 143 OF 263
	<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. BURNS, MICHAEL, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7287 HORIZON DRIVE
 City WEST PALM BEACH State FL Zip Code 33412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1392.75

Date of Receipt 04 / 09 / 2026
Transaction ID : SA11AI.169843977
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

B. NEPOMUCENO, BENJY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21566 RUNNING BRANCH ROAD
 City DIAMOND BAR State CA Zip Code 91765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.33

Date of Receipt 04 / 06 / 2026
Transaction ID : SA11AI.169843990
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

C. NEPOMUCENO, BENJY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21566 RUNNING BRANCH ROAD
 City DIAMOND BAR State CA Zip Code 91765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.33

Date of Receipt 04 / 06 / 2026
Transaction ID : SA11AI.169843991
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 74.10
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 144 OF 263
	<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. WAKEHSM, SHERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 764 CRABTREE CROSSING PKWY
 City CARY State NC Zip Code 27513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.70

Date of Receipt 04 / 05 / 2026
Transaction ID : SA11AI.169843993
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

B. SPAHR, PRISCILLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14108 SKYLINE RD NE
 City ALBUQUERQUE State NM Zip Code 87123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.05

Date of Receipt 04 / 05 / 2026
Transaction ID : SA11AI.169843996
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

C. JEROME, PEGGY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 OAKLEY PASS
 City LIBERTY HILL State TX Zip Code 78642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 638.20

Date of Receipt 04 / 05 / 2026
Transaction ID : SA11AI.169843997
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	74.10
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 145 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. FERNANDO, RAMYA, MARY, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 833 COLRIDGE DRIVE
 City CHARLOTTESVILLE State VA Zip Code 22903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 704.80

Date of Receipt **04 / 03 / 2026**
Transaction ID : SA11AI.169844005
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

B. BURNS, MICHAEL, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7287 HORIZON DRIVE
 City WEST PALM BEACH State FL Zip Code 33412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1392.75

Date of Receipt **04 / 07 / 2026**
Transaction ID : SA11AI.169844020
 Amount of Each Receipt this Period 30.00
 Memo Item
 EARMARKED THROUGH WINRED

C. STEES, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3509 HOUCKS MILL ROAD
 City MONKTON State MD Zip Code 21111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1989.30

Date of Receipt **04 / 08 / 2026**
Transaction ID : SA11AI.169844025
 Amount of Each Receipt this Period 44.65
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	99.35
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 146 OF 263
	<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. RIZZO, MAUREEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 296 BAYSHORE DRIVE
 City AUBURNDALE State FL Zip Code 33823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.95

Date of Receipt 04 / 07 / 2026
Transaction ID : SA11Al.169844026
 Amount of Each Receipt this Period 44.65
 Memo Item
 EARMARKED THROUGH WINRED

B. BURNS, MICHAEL, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7287 HORIZON DRIVE
 City WEST PALM BEACH State FL Zip Code 33412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1392.75

Date of Receipt 04 / 07 / 2026
Transaction ID : SA11Al.169844029
 Amount of Each Receipt this Period 44.65
 Memo Item
 EARMARKED THROUGH WINRED

C. DEAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 ALVORD ST
 City SOUTH HADLEY State MA Zip Code 01075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 624.70

Date of Receipt 04 / 09 / 2026
Transaction ID : SA11Al.169844031
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	139.30
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 147 OF 263		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA - FEDERAL

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEAN, MICHAEL, , ,

Mailing Address 39 ALVORD ST

City SOUTH HADLEY	State MA	Zip Code 01075
----------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026

Transaction ID : SA11AI.169844032

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEAN, MICHAEL, , ,

Mailing Address 39 ALVORD ST

City SOUTH HADLEY	State MA	Zip Code 01075
----------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026

Transaction ID : SA11AI.169844033

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEAN, MICHAEL, , ,

Mailing Address 39 ALVORD ST

City SOUTH HADLEY	State MA	Zip Code 01075
----------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
624.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026

Transaction ID : SA11AI.169844034

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED

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 148 OF 263
	<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. DEAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 ALVORD ST
 City SOUTH HADLEY State MA Zip Code 01075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026
Transaction ID : SA11Al.169844035
 Amount of Each Receipt this Period
 50.00
 Memo Item
EARMARKED THROUGH WINRED

B. DEAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 ALVORD ST
 City SOUTH HADLEY State MA Zip Code 01075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026
Transaction ID : SA11Al.169844036
 Amount of Each Receipt this Period
 50.00
 Memo Item
EARMARKED THROUGH WINRED

C. DEAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 ALVORD ST
 City SOUTH HADLEY State MA Zip Code 01075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026
Transaction ID : SA11Al.169844037
 Amount of Each Receipt this Period
 50.00
 Memo Item
EARMARKED THROUGH WINRED

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 149 OF 263
	<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. DEAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 ALVORD ST
 City SOUTH HADLEY State MA Zip Code 01075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.70

Date of Receipt
 04 / 09 / 2026
Transaction ID : SA11Al.169844038
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

B. DEAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 ALVORD ST
 City SOUTH HADLEY State MA Zip Code 01075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.70

Date of Receipt
 04 / 09 / 2026
Transaction ID : SA11Al.169844039
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

C. DEAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 ALVORD ST
 City SOUTH HADLEY State MA Zip Code 01075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.70

Date of Receipt
 04 / 09 / 2026
Transaction ID : SA11Al.169844040
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

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 150 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEAN, MICHAEL, , ,

Mailing Address 39 ALVORD ST

City SOUTH HADLEY	State MA	Zip Code 01075
----------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026

Transaction ID : SA11Al.169844041

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEAN, MICHAEL, , ,

Mailing Address 39 ALVORD ST

City SOUTH HADLEY	State MA	Zip Code 01075
----------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026

Transaction ID : SA11Al.169844042

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BURNS, MICHAEL, J, ,

Mailing Address 7287 HORIZON DRIVE

City WEST PALM BEACH	State FL	Zip Code 33412
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1392.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026

Transaction ID : SA11Al.169844043

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED

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 151 OF 263
	<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. ASHE, MICHOL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 BELVIDERE ST
 APT 147
 City EL PASO State TX Zip Code 79912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2026
Transaction ID : SA11Al.169844044
 Amount of Each Receipt this Period
 50.00
 Memo Item
EARMARKED THROUGH WINRED

B. ASHE, MICHOL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 BELVIDERE ST
 APT 147
 City EL PASO State TX Zip Code 79912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2026
Transaction ID : SA11Al.169844045
 Amount of Each Receipt this Period
 50.00
 Memo Item
EARMARKED THROUGH WINRED

C. BURNS, MICHAEL, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7287 HORIZON DRIVE
 City WEST PALM BEACH State FL Zip Code 33412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1392.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2026
Transaction ID : SA11Al.169844048
 Amount of Each Receipt this Period
 50.00
 Memo Item
EARMARKED THROUGH WINRED

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 152 OF 263
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BURNS, MICHAEL, J, ,

Mailing Address 7287 HORIZON DRIVE

City WEST PALM BEACH	State FL	Zip Code 33412
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1392.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2026

Transaction ID : SA11Al.169844049

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BURNS, MICHAEL, J, ,

Mailing Address 7287 HORIZON DRIVE

City WEST PALM BEACH	State FL	Zip Code 33412
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1392.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2026

Transaction ID : SA11Al.169844050

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BURNS, MICHAEL, J, ,

Mailing Address 7287 HORIZON DRIVE

City WEST PALM BEACH	State FL	Zip Code 33412
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1392.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2026

Transaction ID : SA11Al.169844051

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED

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 153 OF 263
	<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. WAKEHSM, SHERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 764 CRABTREE CROSSING PKWY
 City CARY State NC Zip Code 27513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.70

Date of Receipt 04 / 05 / 2026
Transaction ID : SA11AI.169844052
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

B. WILSON, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5620 WOODSTOCK AVE
 City GOLDEN VALLEY State MN Zip Code 55422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.20

Date of Receipt 04 / 05 / 2026
Transaction ID : SA11AI.169844056
 Amount of Each Receipt this Period 52.05
 Memo Item
 EARMARKED THROUGH WINRED

C. STRONG, RAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 196 SCRIBNER AVE
 City NORWALK State CT Zip Code 06854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1865.00

Date of Receipt 04 / 09 / 2026
Transaction ID : SA11AI.169844057
 Amount of Each Receipt this Period 71.25
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	173.30
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 154 OF 263
	<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. YATES, TOMMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1521 CONWAY ISLE CIR
 City BELLE ISLE State FL Zip Code 32809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 04 / 05 / 2026
Transaction ID : SA11Al.169844058
 Amount of Each Receipt this Period 71.25
 Memo Item
EARMARKED THROUGH WINRED

B. BOWCUTT, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 POSSUM HOLLOW ROAD
 City FAYETTEVILLE State TN Zip Code 37334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 04 / 07 / 2026
Transaction ID : SA11Al.169844066
 Amount of Each Receipt this Period 95.00
 Memo Item
EARMARKED THROUGH WINRED

C. FERNANDEZ, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91-246 OIHANA ST
 City KAPOLEI State HI Zip Code 96707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 558.60

Date of Receipt 04 / 04 / 2026
Transaction ID : SA11Al.169844068
 Amount of Each Receipt this Period 95.00
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	261.25
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 155 OF 263
	<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. STRONG, RAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 196 SCRIBNER AVE
 City NORWALK State CT Zip Code 06854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1865.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026
Transaction ID : SA11AI.169844070
 Amount of Each Receipt this Period
 100.00
 Memo Item
EARMARKED THROUGH WINRED

B. STRONG, RAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 196 SCRIBNER AVE
 City NORWALK State CT Zip Code 06854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1865.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026
Transaction ID : SA11AI.169844071
 Amount of Each Receipt this Period
 100.00
 Memo Item
EARMARKED THROUGH WINRED

C. STRONG, RAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 196 SCRIBNER AVE
 City NORWALK State CT Zip Code 06854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1865.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2026
Transaction ID : SA11AI.169844072
 Amount of Each Receipt this Period
 100.00
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	300.00
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 156 OF 263
	<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. FLOWER, TERENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12880 LOCK BLVD
 City HASTINGS State MN Zip Code 55033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 05 / 2026
Transaction ID : SA11Al.169844076
 Amount of Each Receipt this Period 100.00
 Memo Item
EARMARKED THROUGH WINRED

B. BRUELLMAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7955 AIRPORT RD
 City WACONIA State MN Zip Code 55387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHOWDOWN DISPLAYS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 03 / 2026
Transaction ID : SA11Al.169844086
 Amount of Each Receipt this Period 500.00
 Memo Item
EARMARKED THROUGH WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 CAPITOL AVENUE SUITE 413-B562
 City CHEYENNE State WY Zip Code 82001
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 130700.94

Date of Receipt 04 / 20 / 2026
Transaction ID : SA11Al.170184989
 Amount of Each Receipt this Period 11788.77
 Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional).....	600.00
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 157 OF 263
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRIS, VICTORIA, , ,

Mailing Address 736 KNOLLWOOD CT

City SALINE	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2026

Transaction ID : SA11Al.170185722

Amount of Each Receipt this Period
1.00

Memo Item
EARMARKED THROUGH WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRIS, VICTORIA, , ,

Mailing Address 736 KNOLLWOOD CT

City SALINE	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2026

Transaction ID : SA11Al.170185723

Amount of Each Receipt this Period
1.00

Memo Item
EARMARKED THROUGH WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRIS, VICTORIA, , ,

Mailing Address 736 KNOLLWOOD CT

City SALINE	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
268.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2026

Transaction ID : SA11Al.170185724

Amount of Each Receipt this Period
1.00

Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	3.00
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 158 OF 263
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. HARRIS, VICTORIA, , ,		Date of Receipt MM / DD / YYYY 04 / 16 / 2026
Mailing Address 736 KNOLLWOOD CT		Transaction ID : SA11Al.170185725
City SALINE	State MI	Zip Code 48176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.75	EARMARKED THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HARRIS, VICTORIA, , ,		Date of Receipt MM / DD / YYYY 04 / 16 / 2026
Mailing Address 736 KNOLLWOOD CT		Transaction ID : SA11Al.170185744
City SALINE	State MI	Zip Code 48176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.90
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.75	EARMARKED THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HARRIS, VICTORIA, , ,		Date of Receipt MM / DD / YYYY 04 / 16 / 2026
Mailing Address 736 KNOLLWOOD CT		Transaction ID : SA11Al.170185761
City SALINE	State MI	Zip Code 48176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 268.75	EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	4.90
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 159 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRIS, VICTORIA, , ,

Mailing Address 736 KNOLLWOOD CT

City SALINE	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2026

Transaction ID : SA11Al.170185762

Amount of Each Receipt this Period
2.00

Memo Item
EARMARKED THROUGH WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRIS, VICTORIA, , ,

Mailing Address 736 KNOLLWOOD CT

City SALINE	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2026

Transaction ID : SA11Al.170185763

Amount of Each Receipt this Period
2.00

Memo Item
EARMARKED THROUGH WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BARTLEY, WANDA, , ,

Mailing Address 825 SW SHILOH STREET

City FORT WHITE	State FL	Zip Code 32038
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
203.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2026

Transaction ID : SA11Al.170185780

Amount of Each Receipt this Period
2.85

Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	6.85
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 160 OF 263
	<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. DROSTE, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 SAINT ANTHONY DR
 City GODFREY State IL Zip Code 62035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.05

Date of Receipt 04 / 16 / 2026
Transaction ID : SA11Al.170185802
 Amount of Each Receipt this Period 4.75
 Memo Item
 EARMARKED THROUGH WINRED

B. ASHE, MICHOL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 BELVIDERE ST APT 147
 City EL PASO State TX Zip Code 79912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.50

Date of Receipt 04 / 10 / 2026
Transaction ID : SA11Al.170185856
 Amount of Each Receipt this Period 9.00
 Memo Item
 EARMARKED THROUGH WINRED

C. HILL, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8604 WEST ARLINGTON RD
 City HUTCHINSON State KS Zip Code 67501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.15

Date of Receipt 04 / 13 / 2026
Transaction ID : SA11Al.170185878
 Amount of Each Receipt this Period 9.50
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	23.25
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 161 OF 263
	<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. WOODS, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4247 N MULLIGAN AVENUE
 City CHICAGO State IL Zip Code 60634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.20

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11AI.170185895
 Amount of Each Receipt this Period 10.00
 Memo Item
 EARMARKED THROUGH WINRED

B. WOODS, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4247 N MULLIGAN AVENUE
 City CHICAGO State IL Zip Code 60634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.20

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11AI.170185896
 Amount of Each Receipt this Period 10.00
 Memo Item
 EARMARKED THROUGH WINRED

C. ASHE, MICHOL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 BELVIDERE ST APT 147
 City EL PASO State TX Zip Code 79912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 242.50

Date of Receipt 04 / 10 / 2026
Transaction ID : SA11AI.170185897
 Amount of Each Receipt this Period 10.00
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	30.00
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 162 OF 263
	<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. ASHE, MICHOL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 BELVIDERE ST
 APT 147
 City EL PASO State TX Zip Code 79912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2026
Transaction ID : SA11Al.170185898
 Amount of Each Receipt this Period
 10.00
 Memo Item
EARMARKED THROUGH WINRED

B. ASHE, MICHOL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 BELVIDERE ST
 APT 147
 City EL PASO State TX Zip Code 79912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2026
Transaction ID : SA11Al.170185902
 Amount of Each Receipt this Period
 11.00
 Memo Item
EARMARKED THROUGH WINRED

C. ASHE, MICHOL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 BELVIDERE ST
 APT 147
 City EL PASO State TX Zip Code 79912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2026
Transaction ID : SA11Al.170185903
 Amount of Each Receipt this Period
 11.00
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	32.00
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 163 OF 263
	<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. ASHE, MICHOL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 BELVIDERE ST
 APT 147
 City EL PASO State TX Zip Code 79912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2026
Transaction ID : SA11Al.170185904
 Amount of Each Receipt this Period 12.00
 Memo Item
EARMARKED THROUGH WINRED

B. ASHE, MICHOL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 BELVIDERE ST
 APT 147
 City EL PASO State TX Zip Code 79912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2026
Transaction ID : SA11Al.170185905
 Amount of Each Receipt this Period 12.00
 Memo Item
EARMARKED THROUGH WINRED

C. HILL, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8604 WEST ARLINGTON RD
 City HUTCHINSON State KS Zip Code 67501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2026
Transaction ID : SA11Al.170185912
 Amount of Each Receipt this Period 14.25
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	38.25
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 164 OF 263
	<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. HILL, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8604 WEST ARLINGTON RD
 City HUTCHINSON State KS Zip Code 67501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.15

Date of Receipt 04 / 10 / 2026
Transaction ID : SA11Al.170185914
 Amount of Each Receipt this Period 14.25
 Memo Item
 EARMARKED THROUGH WINRED

B. CARPENTER, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 TURRENTINE AVE
 City GADSDEN State AL Zip Code 35901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 04 / 16 / 2026
Transaction ID : SA11Al.170185923
 Amount of Each Receipt this Period 19.00
 Memo Item
 EARMARKED THROUGH WINRED

C. ASHE, MICHOL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 BELVIDERE ST APT 147
 City EL PASO State TX Zip Code 79912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 242.50

Date of Receipt 04 / 10 / 2026
Transaction ID : SA11Al.170185930
 Amount of Each Receipt this Period 20.00
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	53.25
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 165 OF 263
	<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. WESTFALL, TEDDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13668 CANYON VIEW DR
 City YUCAIPA State CA Zip Code 92399
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.65

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.170185937
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

B. YANCEY, JO, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 F YM 2854
 City CONROE State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1019.15

Date of Receipt 04 / 11 / 2026
Transaction ID : SA11Al.170185968
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

C. SMITH, BONADINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2512 GREENBANK DRIVE
 City MYRTLE BEACH State SC Zip Code 29579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 929.45

Date of Receipt 04 / 10 / 2026
Transaction ID : SA11Al.170185970
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	71.25
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 166 OF 263
	<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. ASHE, MICHOL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 BELVIDERE ST
 APT 147
 City EL PASO State TX Zip Code 79912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.50

Date of Receipt 04 / 10 / 2026
Transaction ID : SA11Al.170185978
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

B. CARPENTER, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 TURRENTINE AVE
 City GADSDEN State AL Zip Code 35901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 04 / 10 / 2026
Transaction ID : SA11Al.170185981
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

C. HUTCHISON, ELAINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4543 E ANAHEIM ST
 City LONG BEACH State CA Zip Code 90804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PARAGON EQUITIES Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 04 / 09 / 2026
Transaction ID : SA11Al.170185987
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	71.25
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 167 OF 263
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. LADORES, EMMA, , ,		Date of Receipt MM / DD / YYYY 04 / 16 / 2026 Transaction ID : SA11Al.170186016
Mailing Address 849 WARWICK TURNPIKE		Amount of Each Receipt this Period 24.70
City HEWITT	State NJ	Zip Code 07421
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	EARMARKED THROUGH WINRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.15	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ZIMMERMAN, KELLY, , ,		Date of Receipt MM / DD / YYYY 04 / 15 / 2026 Transaction ID : SA11Al.170186022
Mailing Address 437 CABRILLO ST		Amount of Each Receipt this Period 24.70
City COSTA MESA	State CA	Zip Code 92627
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	EARMARKED THROUGH WINRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1412.30	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WOODS, MARCIA, , ,		Date of Receipt MM / DD / YYYY 04 / 14 / 2026 Transaction ID : SA11Al.170186026
Mailing Address 4247 N MULLIGAN AVENUE		Amount of Each Receipt this Period 24.70
City CHICAGO	State IL	Zip Code 60634
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	EARMARKED THROUGH WINRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 392.20	

SUBTOTAL of Receipts This Page (optional).....▶	74.10
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 168 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. PLEWS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 BLACKHAWK DR
 City BATAVIA State IL Zip Code 60510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 352.93

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.170186030
 Amount of Each Receipt this Period 24.70
 Memo Item
EARMARKED THROUGH WINRED

B. ZIMMERMAN, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 CABRILLO ST
 City COSTA MESA State CA Zip Code 92627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1412.30

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.170186031
 Amount of Each Receipt this Period 24.70
 Memo Item
EARMARKED THROUGH WINRED

C. SPALLONE, ARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5925 BRAE BURN CIRCLE
 City VERO BEACH State FL Zip Code 32967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.25

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.170186033
 Amount of Each Receipt this Period 24.70
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	74.10
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 169 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. HILL, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8604 WEST ARLINGTON RD
 City HUTCHINSON State KS Zip Code 67501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.15

Date of Receipt 04 / 13 / 2026
Transaction ID : SA11Al.170186034
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

B. SMITH, BONADINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2512 GREENBANK DRIVE
 City MYRTLE BEACH State SC Zip Code 29579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 929.45

Date of Receipt 04 / 13 / 2026
Transaction ID : SA11Al.170186038
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

C. SPAHR, PRISCILLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14108 SKYLINE RD NE
 City ALBUQUERQUE State NM Zip Code 87123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 246.05

Date of Receipt 04 / 12 / 2026
Transaction ID : SA11Al.170186043
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	74.10
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 170 OF 263
	<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. ZIMMERMAN, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 CABRILLO ST
 City COSTA MESA State CA Zip Code 92627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1412.30

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.170186067
 Amount of Each Receipt this Period 25.00
 Memo Item
EARMARKED THROUGH WINRED

B. LADORES, EMMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 849 WARWICK TURNPIKE
 City HEWITT State NJ Zip Code 07421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 313.15

Date of Receipt 04 / 16 / 2026
Transaction ID : SA11Al.170186071
 Amount of Each Receipt this Period 30.00
 Memo Item
EARMARKED THROUGH WINRED

C. WOODS, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4247 N MULLIGAN AVENUE
 City CHICAGO State IL Zip Code 60634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 392.20

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.170186072
 Amount of Each Receipt this Period 30.00
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	85.00
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 171 OF 263
	<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. MACALINO, EDGARDO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6670 MARTIN RD
 City COLUMBIA State MD Zip Code 21044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 289.30

Date of Receipt 04 / 16 / 2026
Transaction ID : SA11Al.170186077
 Amount of Each Receipt this Period 44.65
 Memo Item
 EARMARKED THROUGH WINRED

B. CARMODY, GEORGIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1517 N O CONNOR RD
 City IRVING State TX Zip Code 75061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.25

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.170186079
 Amount of Each Receipt this Period 44.65
 Memo Item
 EARMARKED THROUGH WINRED

C. HUTCHISON, ELAINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4543 E ANAHEIM ST
 City LONG BEACH State CA Zip Code 90804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PARAGON EQUITIES Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.170186082
 Amount of Each Receipt this Period 44.65
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	133.95
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 172 OF 263
	<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. JOHNSON, WYATT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25810 9TH ST WEST
 City ZIMMERMAN State MN Zip Code 55398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MICHAEL DEMARCO Occupation (for Individual) DISHWASHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 12 / 2026
Transaction ID : SA11Al.170186095
 Amount of Each Receipt this Period 50.00
 Memo Item
EARMARKED THROUGH WINRED

B. CHAFFIN, HARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1292 PARK TER
 City DAYTON State OH Zip Code 45440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.70

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.170186096
 Amount of Each Receipt this Period 71.25
 Memo Item
EARMARKED THROUGH WINRED

C. STRONG, RAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 196 SCRIBNER AVE
 City NORWALK State CT Zip Code 06854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1865.00

Date of Receipt 04 / 16 / 2026
Transaction ID : SA11Al.170186098
 Amount of Each Receipt this Period 95.00
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	216.25
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 173 OF 263
	<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. GARCIA, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1725
 City FREER State TX Zip Code 78357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 04 / 15 / 2026
Transaction ID : SA11Al.170186099
 Amount of Each Receipt this Period 95.00
 Memo Item
EARMARKED THROUGH WINRED

B. WAKEHSM, SHERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 764 CRABTREE CROSSING PKWY
 City CARY State NC Zip Code 27513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.70

Date of Receipt 04 / 11 / 2026
Transaction ID : SA11Al.170186102
 Amount of Each Receipt this Period 95.00
 Memo Item
EARMARKED THROUGH WINRED

C. ABSHIRE, JANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 BARKHILL DR
 City LAFAYETTE State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2422.10

Date of Receipt 04 / 13 / 2026
Transaction ID : SA11Al.170186104
 Amount of Each Receipt this Period 100.00
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	290.00
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 174 OF 263
	(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"/> 15
<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

A. HUNT, HOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 199 E LAKE SHORE DR
 City CHICAGO State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2026
Transaction ID : SA11Al.170186106
 Amount of Each Receipt this Period
 100.00
 Memo Item
EARMARKED THROUGH WINRED

B. ABSHIRE, JANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 BARKHILL DR
 City LAFAYETTE State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2422.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2026
Transaction ID : SA11Al.170186107
 Amount of Each Receipt this Period
 100.00
 Memo Item
EARMARKED THROUGH WINRED

C. ABSHIRE, JANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 BARKHILL DR
 City LAFAYETTE State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2422.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2026
Transaction ID : SA11Al.170186108
 Amount of Each Receipt this Period
 100.00
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 175 OF 263
	<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. GRUENHAGEN, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16367 441ST AVE
 City GLENCOE State MN Zip Code 55336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 861.40

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.170186110
 Amount of Each Receipt this Period 104.10
 Memo Item
 EARMARKED THROUGH WINRED

B. FULTON, DOUG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4706 GOLF TER
 City MINNEAPOLIS State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AVISON YOUNG Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11Al.170186114
 Amount of Each Receipt this Period 1200.00
 Memo Item
 EARMARKED THROUGH WINRED

C. HINDERAKER, LOREE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12738 FOLIAGE CT
 City SAINT PAUL State MN Zip Code 55124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 13 / 2026
Transaction ID : SA11Al.170186115
 Amount of Each Receipt this Period 2000.00
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	3304.10
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 176 OF 263
	<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. FIELDS, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2354 CHERRYWOOD ROAD
 City MINNETONKA State MN Zip Code 55305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt 04 / 14 / 2026
Transaction ID : SA11AI.170186116
 Amount of Each Receipt this Period 3300.00
 Memo Item
EARMARKED THROUGH WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 CAPITOL AVENUE SUITE 413-B562
 City CHEYENNE State WY Zip Code 82001
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 130700.94

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11AI.170367005
 Amount of Each Receipt this Period 6641.64
 Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C. MITCHELL, PHYLLIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1123 RIVER PARK
 City SAN ANTONIO State TX Zip Code 78216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.80

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11AI.170387502
 Amount of Each Receipt this Period 0.95
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	3300.95
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 177 OF 263
	<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. EMILSON, CARL, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 435 SE KRUEGER PKWY
 City STUART State FL Zip Code 34996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) DISTRIBUTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.44

Date of Receipt 04 / 18 / 2026
Transaction ID : SA11AI.170387548
 Amount of Each Receipt this Period 4.00
 Memo Item
 EARMARKED THROUGH WINRED

B. EMILSON, CARL, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 435 SE KRUEGER PKWY
 City STUART State FL Zip Code 34996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) DISTRIBUTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.44

Date of Receipt 04 / 18 / 2026
Transaction ID : SA11AI.170387563
 Amount of Each Receipt this Period 5.00
 Memo Item
 EARMARKED THROUGH WINRED

C. WOODS, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4247 N MULLIGAN AVENUE
 City CHICAGO State IL Zip Code 60634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 392.20

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11AI.170387567
 Amount of Each Receipt this Period 9.00
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	18.00
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 178 OF 263
	<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. HILL, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8604 WEST ARLINGTON RD
 City HUTCHINSON State KS Zip Code 67501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.15

Date of Receipt 04 / 17 / 2026
Transaction ID : SA11AI.170387593
 Amount of Each Receipt this Period 14.25
 Memo Item
 EARMARKED THROUGH WINRED

B. WOODS, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4247 N MULLIGAN AVENUE
 City CHICAGO State IL Zip Code 60634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.20

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11AI.170387595
 Amount of Each Receipt this Period 15.00
 Memo Item
 EARMARKED THROUGH WINRED

C. WOODS, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4247 N MULLIGAN AVENUE
 City CHICAGO State IL Zip Code 60634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 392.20

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11AI.170387607
 Amount of Each Receipt this Period 20.00
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	49.25
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 179 OF 263
	<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. EMILSON, CARL, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 435 SE KRUEGER PKWY
 City STUART State FL Zip Code 34996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) DISTRIBUTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.44

Date of Receipt 04 / 18 / 2026
Transaction ID : SA11Al.170387617
 Amount of Each Receipt this Period 20.68
 Memo Item
 EARMARKED THROUGH WINRED

B. PIZZICA, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 14TH AVE N
 City SAINT PETERSBURG State FL Zip Code 33701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 506.75

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.170387627
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

C. PIZZICA, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 14TH AVE N
 City SAINT PETERSBURG State FL Zip Code 33701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 506.75

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.170387628
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	68.18
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 180 OF 263
	<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. MCCANN, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12909 EAST CASTRO STREET
 City DEWEY State AZ Zip Code 86327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 448.20

Date of Receipt 04 / 23 / 2026
Transaction ID : SA11AI.170387654
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

B. MCCANN, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12909 EAST CASTRO STREET
 City DEWEY State AZ Zip Code 86327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 448.20

Date of Receipt 04 / 23 / 2026
Transaction ID : SA11AI.170387655
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

C. WOODS, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4247 N MULLIGAN AVENUE
 City CHICAGO State IL Zip Code 60634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 392.20

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11AI.170387661
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	74.10
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 181 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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. DANG, HANH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8906 GRANDVILLE CIR
 City WESTMINSTER State CA Zip Code 92683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.80

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11Al.170387670
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

B. PIZZICA, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 14TH AVE N
 City SAINT PETERSBURG State FL Zip Code 33701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 506.75

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.170387675
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

C. PLEWS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 BLACKHAWK DR
 City BATAVIA State IL Zip Code 60510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 352.93

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11Al.170387676
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	74.10
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 182 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. PLEWS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 BLACKHAWK DR
 City BATAVIA State IL Zip Code 60510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 352.93

Date of Receipt 04 / 17 / 2026
Transaction ID : SA11AI.170387689
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

B. WOODS, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4247 N MULLIGAN AVENUE
 City CHICAGO State IL Zip Code 60634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.20

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11AI.170387699
 Amount of Each Receipt this Period 25.00
 Memo Item
 EARMARKED THROUGH WINRED

C. WOODS, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4247 N MULLIGAN AVENUE
 City CHICAGO State IL Zip Code 60634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 392.20

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11AI.170387700
 Amount of Each Receipt this Period 25.00
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	74.70
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 183 OF 263
	<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. ABSHIRE, JANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 BARKHILL DR
 City LAFAYETTE State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2422.10

Date of Receipt 04 / 16 / 2026
Transaction ID : SA11AI.170387704
 Amount of Each Receipt this Period 30.00
 Memo Item
 EARMARKED THROUGH WINRED

B. ABSHIRE, JANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 BARKHILL DR
 City LAFAYETTE State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2422.10

Date of Receipt 04 / 16 / 2026
Transaction ID : SA11AI.170387705
 Amount of Each Receipt this Period 33.25
 Memo Item
 EARMARKED THROUGH WINRED

C. PLANK, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5082
 City SHERIDAN State WY Zip Code 82801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 242.25

Date of Receipt 04 / 21 / 2026
Transaction ID : SA11AI.170387708
 Amount of Each Receipt this Period 44.65
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	107.90
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 184 OF 263
	<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. YANCEY, JO, ANN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 F YM 2854
 City CONROE State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1019.15

Date of Receipt 04 / 16 / 2026
Transaction ID : SA11Al.170387713
 Amount of Each Receipt this Period 44.65
 Memo Item
 EARMARKED THROUGH WINRED

B. MCCANN, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12909 EAST CASTRO STREET
 City DEWEY State AZ Zip Code 86327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 448.20

Date of Receipt 04 / 23 / 2026
Transaction ID : SA11Al.170387714
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

C. MCCANN, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12909 EAST CASTRO STREET
 City DEWEY State AZ Zip Code 86327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 448.20

Date of Receipt 04 / 23 / 2026
Transaction ID : SA11Al.170387715
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	144.65
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 185 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. WOODS, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4247 N MULLIGAN AVENUE
 City CHICAGO State IL Zip Code 60634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.20

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11Al.170387717
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

B. WOODS, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4247 N MULLIGAN AVENUE
 City CHICAGO State IL Zip Code 60634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.20

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11Al.170387718
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

C. YANCEY, JO, ANN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 F YM 2854
 City CONROE State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1019.15

Date of Receipt 04 / 16 / 2026
Transaction ID : SA11Al.170387719
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

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:	PAGE 186 OF 263
	(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. BOWCUTT, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 POSSUM HOLLOW ROAD
 City FAYETTEVILLE State TN Zip Code 37334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11AI.170387720
 Amount of Each Receipt this Period 71.25
 Memo Item
 EARMARKED THROUGH WINRED

B. GRAINGER, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2898
 City SANTA MARIA State CA Zip Code 93457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.75

Date of Receipt 04 / 18 / 2026
Transaction ID : SA11AI.170387728
 Amount of Each Receipt this Period 95.00
 Memo Item
 EARMARKED THROUGH WINRED

C. LUND, JOSHUA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8582 CRISMON WAY
 City INVER GROVE HEIGHTS State MN Zip Code 55076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FINANCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 22 / 2026
Transaction ID : SA11AI.170387730
 Amount of Each Receipt this Period 150.00
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	316.25
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 187 OF 263
	<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. GOEBEL, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3226 GEORGIAN COURT
 City ERIE State PA Zip Code 16506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **04 / 21 / 2026**
Transaction ID : SA11Al.170387733
 Amount of Each Receipt this Period 475.00
 Memo Item
EARMARKED THROUGH WINRED

B. STEES, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3509 HOUCKS MILL ROAD
 City MONKTON State MD Zip Code 21111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1989.30

Date of Receipt **04 / 20 / 2026**
Transaction ID : SA11Al.170387734
 Amount of Each Receipt this Period 950.00
 Memo Item
EARMARKED THROUGH WINRED

C. HANSON, JOANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 SUMAC LN
 City NORTH OAKS State MN Zip Code 55127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **04 / 19 / 2026**
Transaction ID : SA11Al.170387735
 Amount of Each Receipt this Period 1200.00
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	2625.00
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 188 OF 263
	<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. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
130700.94

Date of Receipt
04 / 30 / 2026
Transaction ID : SA11AI.170855858

Amount of Each Receipt this Period
4541.88

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. MITCHELL, PHYLLIS, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1123 RIVER PARK

City SAN ANTONIO State TX Zip Code 78216

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

Name of Employer (for Individual) Occupation (for Individual)
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.80

Date of Receipt
04 / 30 / 2026
Transaction ID : SA11AI.170855918

Amount of Each Receipt this Period
4.75

Memo Item

EARMARKED THROUGH WINRED

C. PLEWS, DAVID, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 540 BLACKHAWK DR

City BATAVIA State IL Zip Code 60510

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

Name of Employer (for Individual) Occupation (for Individual)
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
352.93

Date of Receipt
04 / 29 / 2026
Transaction ID : SA11AI.170855922

Amount of Each Receipt this Period
4.75

Memo Item

EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 9.50

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 189 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. SPALLONE, ARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5925 BRAE BURN CIRCLE
 City VERO BEACH State FL Zip Code 32967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.25

Date of Receipt 04 / 26 / 2026
Transaction ID : SA11AI.170855947
 Amount of Each Receipt this Period 6.00
 Memo Item
 EARMARKED THROUGH WINRED

B. SMITH, BONADINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2512 GREENBANK DRIVE
 City MYRTLE BEACH State SC Zip Code 29579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 929.45

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11AI.170855980
 Amount of Each Receipt this Period 14.25
 Memo Item
 EARMARKED THROUGH WINRED

C. EMILSON, CARL, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 435 SE KRUEGER PKWY
 City STUART State FL Zip Code 34996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) DISTRIBUTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 257.44

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11AI.170856000
 Amount of Each Receipt this Period 21.15
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	41.40
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 190 OF 263
	<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. DANG, HANH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8906 GRANDVILLE CIR
 City WESTMINSTER State CA Zip Code 92683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.80

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11AI.170856005
 Amount of Each Receipt this Period 23.75
 Memo Item
EARMARKED THROUGH WINRED

B. CARMODY, GEORGIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1517 N O CONNOR RD
 City IRVING State TX Zip Code 75061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.25

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11AI.170856009
 Amount of Each Receipt this Period 23.75
 Memo Item
EARMARKED THROUGH WINRED

C. KOMADA, ANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7000 RIVER RUN BLVD
 City WEEKI WACHEE State FL Zip Code 34607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1055.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11AI.170856017
 Amount of Each Receipt this Period 23.75
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	71.25
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 191 OF 263
	<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. ZIMMERMAN, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 CABRILLO ST
 City COSTA MESA State CA Zip Code 92627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1412.30

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11AI.170856022
 Amount of Each Receipt this Period 23.75
 Memo Item
EARMARKED THROUGH WINRED

B. SPALLONE, ARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5925 BRAE BURN CIRCLE
 City VERO BEACH State FL Zip Code 32967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.25

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11AI.170856027
 Amount of Each Receipt this Period 23.75
 Memo Item
EARMARKED THROUGH WINRED

C. WOODS, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4247 N MULLIGAN AVENUE
 City CHICAGO State IL Zip Code 60634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 392.20

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11AI.170856048
 Amount of Each Receipt this Period 24.70
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	72.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. WOODS, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4247 N MULLIGAN AVENUE
 City CHICAGO State IL Zip Code 60634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.20

Date of Receipt 04 / 26 / 2026
Transaction ID : SA11AI.170856071
 Amount of Each Receipt this Period 24.70
 Memo Item
EARMARKED THROUGH WINRED

B. HILL, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8604 WEST ARLINGTON RD
 City HUTCHINSON State KS Zip Code 67501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.15

Date of Receipt 04 / 24 / 2026
Transaction ID : SA11AI.170856075
 Amount of Each Receipt this Period 24.70
 Memo Item
EARMARKED THROUGH WINRED

C. PLEWS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 BLACKHAWK DR
 City BATAVIA State IL Zip Code 60510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 352.93

Date of Receipt 04 / 24 / 2026
Transaction ID : SA11AI.170856080
 Amount of Each Receipt this Period 24.70
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	74.10
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 193 OF 263
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. YANCEY, JO, ANN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 F YM 2854

City CONROE	State TX	Zip Code 77304
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1019.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2026

Transaction ID : SA11Al.170856082

Amount of Each Receipt this Period
24.70

Memo Item
EARMARKED THROUGH WINRED

B. HILL, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8604 WEST ARLINGTON RD

City HUTCHINSON	State KS	Zip Code 67501
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2026

Transaction ID : SA11Al.170856083

Amount of Each Receipt this Period
25.00

Memo Item
EARMARKED THROUGH WINRED

C. HILL, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8604 WEST ARLINGTON RD

City HUTCHINSON	State KS	Zip Code 67501
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2026

Transaction ID : SA11Al.170856084

Amount of Each Receipt this Period
25.00

Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	74.70
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 194 OF 263
	<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. KOMADA, ANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7000 RIVER RUN BLVD
 City WEEKI WACHEE State FL Zip Code 34607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1055.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11AI.170856086
 Amount of Each Receipt this Period 40.00
 Memo Item
EARMARKED THROUGH WINRED

B. SMITH, BONADINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2512 GREENBANK DRIVE
 City MYRTLE BEACH State SC Zip Code 29579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 929.45

Date of Receipt 04 / 30 / 2026
Transaction ID : SA11AI.170856088
 Amount of Each Receipt this Period 44.65
 Memo Item
EARMARKED THROUGH WINRED

C. FERNANDEZ, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91-246 OIHANA ST
 City KAPOLEI State HI Zip Code 96707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 558.60

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11AI.170856090
 Amount of Each Receipt this Period 44.65
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	129.30
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 195 OF 263
	<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. DROSTE, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 SAINT ANTHONY DR
 City GODFREY State IL Zip Code 62035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.05

Date of Receipt 04 / 25 / 2026
Transaction ID : SA11AI.170856091
 Amount of Each Receipt this Period 44.65
 Memo Item
 EARMARKED THROUGH WINRED

B. KOMADA, ANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7000 RIVER RUN BLVD
 City WEEKI WACHEE State FL Zip Code 34607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1055.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11AI.170856094
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

C. KOMADA, ANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7000 RIVER RUN BLVD
 City WEEKI WACHEE State FL Zip Code 34607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1055.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11AI.170856095
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	144.65
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 196 OF 263
	<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. KOMADA, ANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7000 RIVER RUN BLVD
 City WEEKI WACHEE State FL Zip Code 34607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1055.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.170856096
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

B. KOMADA, ANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7000 RIVER RUN BLVD
 City WEEKI WACHEE State FL Zip Code 34607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1055.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.170856097
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

C. HUANG, HUALIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44361 S EL MACERO DR
 City EL MACERO State CA Zip Code 95618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NU CYBERTEK INC Occupation (for Individual) SOFTWARE ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1331.90

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11Al.170856100
 Amount of Each Receipt this Period 71.25
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	171.25
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 197 OF 263
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUANG, HUALIN, , ,

Mailing Address 44361 S EL MACERO DR

City EL MACERO	State CA	Zip Code 95618
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NU CYBERTEK INC	Occupation (for Individual) SOFTWARE ENGINEER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1331.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2026

Transaction ID : SA11Al.170856101

Amount of Each Receipt this Period
80.00

Memo Item
EARMARKED THROUGH WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUANG, HUALIN, , ,

Mailing Address 44361 S EL MACERO DR

City EL MACERO	State CA	Zip Code 95618
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NU CYBERTEK INC	Occupation (for Individual) SOFTWARE ENGINEER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1331.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2026

Transaction ID : SA11Al.170856102

Amount of Each Receipt this Period
80.00

Memo Item
EARMARKED THROUGH WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUANG, HUALIN, , ,

Mailing Address 44361 S EL MACERO DR

City EL MACERO	State CA	Zip Code 95618
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NU CYBERTEK INC	Occupation (for Individual) SOFTWARE ENGINEER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1331.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2026

Transaction ID : SA11Al.170856103

Amount of Each Receipt this Period
80.00

Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	240.00
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 198 OF 263
	<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. JACOBSON, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 877 COBB RD
 City SAINT PAUL State MN Zip Code 55126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 25 / 2026
Transaction ID : SA11Al.170856104
 Amount of Each Receipt this Period 85.00
 Memo Item
EARMARKED THROUGH WINRED

B. HUBBART, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3095 KEY HARBOUR DRIVE
 City LAKE SAINT LOUIS State MO Zip Code 63367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.170856106
 Amount of Each Receipt this Period 95.00
 Memo Item
EARMARKED THROUGH WINRED

C. CASSARA, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 ROSECLIFF DRIVE
 City NASHVILLE State TN Zip Code 37206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REALTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.170856107
 Amount of Each Receipt this Period 95.00
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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 199 OF 263
	<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. HOPKINS, EUGENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2054 NORTH 4650 WEST
 City CEDAR CITY State UT Zip Code 84721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 04 / 26 / 2026
Transaction ID : SA11AI.170856108
 Amount of Each Receipt this Period 95.00
 Memo Item
EARMARKED THROUGH WINRED

B. LEVINE, VELVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 UPTOWN PARK BOULEVARD
 City HOUSTON State TX Zip Code 77056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 24 / 2026
Transaction ID : SA11AI.170856109
 Amount of Each Receipt this Period 100.00
 Memo Item
EARMARKED THROUGH WINRED

C. HUANG, HUALIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44361 S EL MACERO DR
 City EL MACERO State CA Zip Code 95618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NU CYBERTEK INC Occupation (for Individual) SOFTWARE ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1331.90

Date of Receipt 04 / 27 / 2026
Transaction ID : SA11AI.170856110
 Amount of Each Receipt this Period 150.00
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....	345.00
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 200 OF 263
	<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

A. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
130700.94

Date of Receipt
MM / DD / YYYY
04 / 30 / 2026

Transaction ID : SA11Al.170981851

Amount of Each Receipt this Period
123.93

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. BRADSHAW, MICHAEL, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2323 SPECK WRIGHT ROAD

City MANNFORD State OK Zip Code 74044

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

Name of Employer (for Individual) Occupation (for Individual)
AIFLEET TRUCK DRIVER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
233.70

Date of Receipt
MM / DD / YYYY
04 / 30 / 2026

Transaction ID : SA11Al.170982045

Amount of Each Receipt this Period
44.65

Memo Item

EARMARKED THROUGH WINRED

C. WIRTH, PAUL, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13935 EXLEY WAY

City APPLE VALLEY State MN Zip Code 55124

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

Name of Employer (for Individual) Occupation (for Individual)
SECURIAN FINANCIAL ACTUARY

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
245.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2026

Transaction ID : SA11Al.171053194

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	244.65
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 201 OF 263
	<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. WOHLWEND, KAYE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7963 CLAIBORNE LN
 City INVER GROVE HEIGHTS State MN Zip Code 55076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.171054867
 Amount of Each Receipt this Period 45.00
 Memo Item

B. WOHLWEND, KAYE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7963 CLAIBORNE LN
 City INVER GROVE HEIGHTS State MN Zip Code 55076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 28 / 2026
Transaction ID : SA11Al.171054868
 Amount of Each Receipt this Period 200.00
 Memo Item

C. WOOD, KARI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7102 HIGHWAY 53
 City CANYON State MN Zip Code 55717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 29 / 2026
Transaction ID : SA11Al.171053187
 Amount of Each Receipt this Period 800.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1045.00
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 202 OF 263
	<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. WORKCUFF, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7895 REBECCA PARK TRAIL
 City ROCKFORD State MN Zip Code 55373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOWELL INC Occupation (for Individual) MACHINIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2026
Transaction ID : SA11Al.170159018
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. WORKCUFF, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7895 REBECCA PARK TRAIL
 City ROCKFORD State MN Zip Code 55373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOWELL INC Occupation (for Individual) MACHINIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : SA11Al.171053825
 Amount of Each Receipt this Period
 200.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	149755.87

**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 203 OF 263
<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. REPUBLICAN NATIONAL COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 FIRST STREET SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2026

Transaction ID : SA12.169465680

Amount of Each Receipt this Period
7500.00

Memo Item
TRANSFER

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	7500.00

**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 204 OF 263
<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. ADP

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 ADP BOULEVARD

City ROSELAND	State NJ	Zip Code 07068
------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2804.54

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2026

Transaction ID : SA15.169641530

Amount of Each Receipt this Period
3.92

Memo Item

VENDOR REFUND: OVERPAYMENT

B. ADP

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 ADP BOULEVARD

City ROSELAND	State NJ	Zip Code 07068
------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2804.54

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2026

Transaction ID : SA15.170106800

Amount of Each Receipt this Period
2395.10

Memo Item

VENDOR REFUND: OVERPAYMENT

C. ADP

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 ADP BOULEVARD

City ROSELAND	State NJ	Zip Code 07068
------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2804.54

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2026

Transaction ID : SA15.170304221

Amount of Each Receipt this Period
405.52

Memo Item

VENDOR REFUND: OVERPAYMENT

SUBTOTAL of Receipts This Page (optional).....	2804.54
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 205 OF 263
<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. IMPERATOR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42634 LANCASTER RIDGE TER

City CHANTILLY	State VA	Zip Code 20152
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
533.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2026

Transaction ID : SA15.169493892

Amount of Each Receipt this Period
22.58

Memo Item

VENDOR REFUND: OVERPAYMENT

B. IMPERATOR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42634 LANCASTER RIDGE TER

City CHANTILLY	State VA	Zip Code 20152
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
533.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2026

Transaction ID : SA15.169843688

Amount of Each Receipt this Period
22.58

Memo Item

VENDOR REFUND: OVERPAYMENT

C. IMPERATOR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42634 LANCASTER RIDGE TER

City CHANTILLY	State VA	Zip Code 20152
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
533.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2026

Transaction ID : SA15.170185617

Amount of Each Receipt this Period
23.49

Memo Item

VENDOR REFUND: OVERPAYMENT

SUBTOTAL of Receipts This Page (optional).....	68.65
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 206 OF 263
<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. IMPERATOR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42634 LANCASTER RIDGE TER

City CHANTILLY	State VA	Zip Code 20152
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
533.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2026

Transaction ID : SA15.170367257

Amount of Each Receipt this Period
0.90

Memo Item

VENDOR REFUND: OVERPAYMENT

B. LP BROKERING LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4040 FAIRFAX DR STE 500

City ARLINGTON	State VA	Zip Code 22203
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2332.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2026

Transaction ID : SA15.169493891

Amount of Each Receipt this Period
140.94

Memo Item

VENDOR REFUND: OVERPAYMENT

C. LP BROKERING LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4040 FAIRFAX DR STE 500

City ARLINGTON	State VA	Zip Code 22203
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2332.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2026

Transaction ID : SA15.169843695

Amount of Each Receipt this Period
22.58

Memo Item

VENDOR REFUND: OVERPAYMENT

SUBTOTAL of Receipts This Page (optional).....	164.42
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 207 OF 263
<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. LP BROKERING LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4040 FAIRFAX DR STE 500

City ARLINGTON	State VA	Zip Code 22203
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2332.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2026

Transaction ID : SA15.170185619

Amount of Each Receipt this Period
67.75

Memo Item
VENDOR REFUND: OVERPAYMENT

B. LP BROKERING LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4040 FAIRFAX DR STE 500

City ARLINGTON	State VA	Zip Code 22203
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2332.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2026

Transaction ID : SA15.170185620

Amount of Each Receipt this Period
23.49

Memo Item
VENDOR REFUND: OVERPAYMENT

C. LP BROKERING LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4040 FAIRFAX DR STE 500

City ARLINGTON	State VA	Zip Code 22203
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2332.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2026

Transaction ID : SA15.170367258

Amount of Each Receipt this Period
93.96

Memo Item
VENDOR REFUND: OVERPAYMENT

SUBTOTAL of Receipts This Page (optional).....	185.20
TOTAL This Period (last page this line number only).....	3222.81

**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"/> 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. A-TEAM DIGITAL LLC		Date of Disbursement MM / DD / YYYY 04 / 13 / 2026	
Mailing Address PO BOX 524		FEC Identification Number C [REDACTED] Transaction ID : SB21B.11342	
City ALEXANDRIA	State VA	Zip Code 22313	Amount of Each Disbursement this Period [REDACTED] 1.80
Purpose of Disbursement FUNDRAISING FEES		Category/Type [REDACTED]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. A-TEAM DIGITAL LLC		Date of Disbursement MM / DD / YYYY 04 / 27 / 2026	
Mailing Address PO BOX 524		FEC Identification Number C [REDACTED] Transaction ID : SB21B.11377	
City ALEXANDRIA	State VA	Zip Code 22313	Amount of Each Disbursement this Period [REDACTED] 38.97
Purpose of Disbursement FUNDRAISING FEES		Category/Type [REDACTED]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ALLIANCE BANK		Date of Disbursement MM / DD / YYYY 04 / 21 / 2026	
Mailing Address 105 E LYON AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.11366	
City LAKE CITY	State MN	Zip Code 55041	Amount of Each Disbursement this Period [REDACTED] 213.09
Purpose of Disbursement BANK FEES		Category/Type [REDACTED]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 253.86
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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"/> 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. BUZZ360, LLC

Mailing Address 7146 178TH ST

City
LAKEVILLE

State
MN

Zip Code
55044

Purpose of Disbursement
SMS ADVERTISING

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
04	/	24	/	2026

FEC Identification Number

C

Transaction ID : SB21B.11378

Amount of Each Disbursement this Period

260.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CITY OF SAINT PAUL

Mailing Address 15 W KELLOG BLVD
SUITE 700

City
ST. PAUL

State
MN

Zip Code
55102

Purpose of Disbursement
SECURITY SERVICES

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
04	/	17	/	2026

FEC Identification Number

C

Transaction ID : SB21B.11356

Amount of Each Disbursement this Period

756.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DONORBUREAU

Mailing Address 1900 N CULPEPER ST

City
ARLINGTON

State
VA

Zip Code
22207

Purpose of Disbursement
FUNDRAISING FEES

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
04	/	20	/	2026

FEC Identification Number

C

Transaction ID : SB21B.11366

Amount of Each Disbursement this Period

697.43

Memo Item

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

1713.43

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"/> 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

A. DONORBUREAU

Full Name (Last, First, Middle Initial)

Mailing Address 1900 N CULPEPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 27 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11377

Amount of Each Disbursement this Period: 125.56

Memo Item

B. ECKLAND & BLANDO LLP

Full Name (Last, First, Middle Initial)

Mailing Address 100 WASHINGTON AVENUE SOUTH SUITE 1500

City MINNEAPOLIS State MN Zip Code 55401

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 22 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11367

Amount of Each Disbursement this Period: 2089.84

Memo Item

C. GLOBE PRINTING AND OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

Mailing Address 224 CONCORD EXCHANGE NORTH

City SOUTH SAINT PAUL State MN Zip Code 55075

Purpose of Disbursement PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 17 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11356

Amount of Each Disbursement this Period: 210.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2426.25

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"/> 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. HEARTLAND

Mailing Address 616 N BROADWAY AVE

City OKLAHOMA CITY State OK Zip Code 73102

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2026

FEC Identification Number

C
Transaction ID : SB21B.11317
Amount of Each Disbursement this Period
382.95

Memo Item

Full Name (Last, First, Middle Initial)

B. HUSCH BLACKWELL LLP

Mailing Address 80 8TH ST S

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement

LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2026

FEC Identification Number

C
Transaction ID : SB21B.11343
Amount of Each Disbursement this Period
4086.30

Memo Item

Full Name (Last, First, Middle Initial)

C. HUSCH BLACKWELL LLP

Mailing Address 80 8TH ST S

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement

LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2026

FEC Identification Number

C
Transaction ID : SB21B.11361
Amount of Each Disbursement this Period
17883.44

Memo Item

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

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

22352.69

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"/> 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. IMPERATOR

Mailing Address 42634 LANCASTER RIDGE TER

City
CHANTILLY

State
VA

Zip Code
20152

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

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
04	/	13	/	2026

FEC Identification Number

C

Transaction ID : SB21B.11342

Amount of Each Disbursement this Period

22.58

Memo Item

Full Name (Last, First, Middle Initial)

B. LAUNCHPAD STRATEGIES LLC

Mailing Address PO BOX 80323

City
RALEIGH

State
NC

Zip Code
27623

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

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
04	/	06	/	2026

FEC Identification Number

C

Transaction ID : SB21B.11324

Amount of Each Disbursement this Period

54.81

Memo Item

Full Name (Last, First, Middle Initial)

C. LAUNCHPAD STRATEGIES LLC

Mailing Address PO BOX 80323

City
RALEIGH

State
NC

Zip Code
27623

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Category/
Type

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
04	/	10	/	2026

FEC Identification Number

C

Transaction ID : SB21B.11343

Amount of Each Disbursement this Period

10354.04

Memo Item

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

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

10431.43

**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"/> 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

A. LAUNCHPAD STRATEGIES LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 80323

City RALEIGH State NC Zip Code 27623

Purpose of Disbursement FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 13 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11342

Amount of Each Disbursement this Period: 40.32

Memo Item

B. LAUNCHPAD STRATEGIES LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 80323

City RALEIGH State NC Zip Code 27623

Purpose of Disbursement FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 20 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11360

Amount of Each Disbursement this Period: 75.66

Memo Item

C. LAUNCHPAD STRATEGIES LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 80323

City RALEIGH State NC Zip Code 27623

Purpose of Disbursement FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 27 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11377

Amount of Each Disbursement this Period: 103.51

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 219.49

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"/> 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. LITHIUM LOGISTICS GROUP

Mailing Address 440 PENN STREET NE
APT 326

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	2	6		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.11356

Amount of Each Disbursement this Period

[Redacted] 4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LP BROKERING LLC

Mailing Address 4040 FAIRFAX DR
SUITE 500

City
ARLINGTON

State
VA

Zip Code
22203

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6			2	0	2	6		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.11324

Amount of Each Disbursement this Period

[Redacted] 2490.90

Memo Item

Full Name (Last, First, Middle Initial)

C. LP BROKERING LLC

Mailing Address 4040 FAIRFAX DR
SUITE 500

City
ARLINGTON

State
VA

Zip Code
22203

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	3			2	0	2	6		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.11342

Amount of Each Disbursement this Period

[Redacted] 494.14

Memo Item

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

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

[Redacted] 6985.04

[Redacted]

**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"/> 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. LP BROKERING LLC

Mailing Address 4040 FAIRFAX DR
SUITE 500

City
ARLINGTON

State
VA

Zip Code
22203

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		20		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11360

Amount of Each Disbursement this Period

[REDACTED] 635.93

Memo Item

Full Name (Last, First, Middle Initial)

B. MINNESOTA STATE FAIR

Mailing Address 1265 SNELLING AVENUE N

City
ST. PAUL

State
MN

Zip Code
55108

Purpose of Disbursement
FACILITY RENTAL/EVENT REGISTRATION FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11343

Amount of Each Disbursement this Period

[REDACTED] 4413.28

Memo Item

Full Name (Last, First, Middle Initial)

C. NORTH COUNTRY STRATEGIES LLC

Mailing Address 345 BANYAN BLVD
UNIT 1013

City
WEST PALM BEACH

State
FL

Zip Code
33401

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		20		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11366

Amount of Each Disbursement this Period

[REDACTED] 15.81

Memo Item

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

[REDACTED] 5065.02

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

[REDACTED]

**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"/> 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. O2M DIGITAL

Mailing Address 539 W COMMERCE ST
UNIT 4240

City DALLAS State TX Zip Code 75208

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11342

Amount of Each Disbursement this Period

[REDACTED] 616.44

Memo Item

Full Name (Last, First, Middle Initial)

B. O2M DIGITAL

Mailing Address 539 W COMMERCE ST
UNIT 4240

City DALLAS State TX Zip Code 75208

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11377

Amount of Each Disbursement this Period

[REDACTED] 84.68

Memo Item

Full Name (Last, First, Middle Initial)

C. OLYMPIC MEDIA

Mailing Address 1881 N NASH STREET
#2301

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11324

Amount of Each Disbursement this Period

[REDACTED] 121.91

Memo Item

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

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

[REDACTED] 823.03

[REDACTED]

**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"/> 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. OLYMPIC MEDIA

Mailing Address 1881 N NASH STREET
#2301

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11342

Amount of Each Disbursement this Period

[REDACTED]	25.29
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

B. OMNI VIKING LAKES HOTEL

Mailing Address 2611 NORDIC WAY

City
EAGAN

State
MN

Zip Code
55121

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11384

Amount of Each Disbursement this Period

[REDACTED]	30000.00
------------	----------

Memo Item

Full Name (Last, First, Middle Initial)

C. PADDLE.COM INC

Mailing Address 28 LIBERTY STREET

City
NEW YORK

State
NY

Zip Code
10005

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11328

Amount of Each Disbursement this Period

[REDACTED]	17.61
------------	-------

Memo Item

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

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

[REDACTED]	30042.90
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[REDACTED]	
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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"/> 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. PAYSIMPLE

Mailing Address 3601 WALNUT ST

City
DENVER

State
CO

Zip Code
80205

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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
04		02		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11321

Amount of Each Disbursement this Period

[REDACTED] 84.95

Memo Item

Full Name (Last, First, Middle Initial)

B. PAYSIMPLE

Mailing Address 3601 WALNUT ST

City
DENVER

State
CO

Zip Code
80205

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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
04		13		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11347

Amount of Each Disbursement this Period

[REDACTED] 89.95

Memo Item

Full Name (Last, First, Middle Initial)

C. PAYSIMPLE

Mailing Address 3601 WALNUT ST

City
DENVER

State
CO

Zip Code
80205

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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
04		17		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11361

Amount of Each Disbursement this Period

[REDACTED] 22.65

Memo Item

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

[REDACTED] 197.55

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

[REDACTED]

**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"/> 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. PETERSON, KOLKER, HAEDT & BENDA LTD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2026

Mailing Address 1811 SE BROADWAY AVE

FEC Identification Number

C

Transaction ID : SB21B.11384

Amount of Each Disbursement this Period

2405.20

Memo Item

City ALBERT LEA State MN Zip Code 56007

Purpose of Disbursement
LEGAL CONSULTING

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. RAISE THE MONEY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2026

Mailing Address 16609 CANTRELL RD

FEC Identification Number

C

Transaction ID : SB21B.11336

Amount of Each Disbursement this Period

2.70

Memo Item

City LITTLE ROCK State AR Zip Code 72223

Purpose of Disbursement
MERCHANT FEES

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. RAISE THE MONEY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2026

Mailing Address 16609 CANTRELL RD

FEC Identification Number

C

Transaction ID : SB21B.11347

Amount of Each Disbursement this Period

5.15

Memo Item

City LITTLE ROCK State AR Zip Code 72223

Purpose of Disbursement
MERCHANT FEES

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

2413.05

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"/> 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. RAISE THE MONEY

Mailing Address 16609 CANTRELL RD

City
LITTLE ROCK

State
AR

Zip Code
72223

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4			2	0	2	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11351

Amount of Each Disbursement this Period

[REDACTED]	0.99
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

B. RAISE THE MONEY

Mailing Address 16609 CANTRELL RD

City
LITTLE ROCK

State
AR

Zip Code
72223

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5			2	0	2	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11354

Amount of Each Disbursement this Period

[REDACTED]	8.84
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

C. RIGHT INSIGHT LLC

Mailing Address PO BOX 421

City
BOISE

State
ID

Zip Code
83701

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	2	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11365

Amount of Each Disbursement this Period

[REDACTED]	99.00
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Memo Item

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

[REDACTED]	108.83
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TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	
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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"/> 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. RIGHT INSIGHT LLC

Mailing Address PO BOX 421

City
BOISE

State
ID

Zip Code
83701

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

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
04		20		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11365

Amount of Each Disbursement this Period

[REDACTED] 1.35

Memo Item

Full Name (Last, First, Middle Initial)

B. RIGHT INSIGHT LLC

Mailing Address PO BOX 421

City
BOISE

State
ID

Zip Code
83701

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

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
04		24		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11378

Amount of Each Disbursement this Period

[REDACTED] 179.85

Memo Item

Full Name (Last, First, Middle Initial)

C. RIGHT INSIGHT LLC

Mailing Address PO BOX 421

City
BOISE

State
ID

Zip Code
83701

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

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
04		27		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11381

Amount of Each Disbursement this Period

[REDACTED] 0.77

Memo Item

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

[REDACTED] 181.97

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

[REDACTED]

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"/> 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. RTM

Mailing Address 1603 CAPITOL AVE
SUITE 310 WY447

City
CHEYENNE

State
WY

Zip Code
82001

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11324

Amount of Each Disbursement this Period

[REDACTED]	0.85
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

B. RTM

Mailing Address 1603 CAPITOL AVE
SUITE 310 WY447

City
CHEYENNE

State
WY

Zip Code
82001

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11342

Amount of Each Disbursement this Period

[REDACTED]	21.37
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

C. RTM

Mailing Address 1603 CAPITOL AVE
SUITE 310 WY447

City
CHEYENNE

State
WY

Zip Code
82001

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		27		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11377

Amount of Each Disbursement this Period

[REDACTED]	1.71
------------	------

Memo Item

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

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

[REDACTED]	23.93
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[REDACTED]	
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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"/> 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. RUMBLEUP

Mailing Address 2300 CLARENDON BLVD

City
ARLINGTON

State
VA

Zip Code
22201

Purpose of Disbursement
SMS ADVERTISING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11381

Amount of Each Disbursement this Period

2	0	.	6	2
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. SHOIFY

Mailing Address 131 GREENE ST

City
NEW YORK

State
NY

Zip Code
10012

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11328

Amount of Each Disbursement this Period

8	9	.	0	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. SHOIFY

Mailing Address 131 GREENE ST

City
NEW YORK

State
NY

Zip Code
10012

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11444

Amount of Each Disbursement this Period

2	.	2	2
---	---	---	---

Memo Item

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

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

1	1	.	1	1	8	4
---	---	---	---	---	---	---

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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"/> 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. SHOPIFY

Mailing Address 131 GREENE ST

City NEW YORK State NY Zip Code 10012

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11409

Amount of Each Disbursement this Period

[REDACTED] 105.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SHOPIFY

Mailing Address 131 GREENE ST

City NEW YORK State NY Zip Code 10012

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11409

Amount of Each Disbursement this Period

[REDACTED] 194.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City SOUTH SAN FRANCISCO State CA Zip Code 94080

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11346

Amount of Each Disbursement this Period

[REDACTED] 17.40

Memo Item

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

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

[REDACTED] 316.40

[REDACTED]

**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"/> 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. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11346

Amount of Each Disbursement this Period

[REDACTED]	9.66
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11346

Amount of Each Disbursement this Period

[REDACTED]	3.22
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11346

Amount of Each Disbursement this Period

[REDACTED]	3.22
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Memo Item

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

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

[REDACTED]	16.10
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[REDACTED]	
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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"/> 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. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2026

FEC Identification Number

C []

Transaction ID : SB21B.11346

Amount of Each Disbursement this Period

[] 6.44

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2026

FEC Identification Number

C []

Transaction ID : SB21B.11346

Amount of Each Disbursement this Period

[] 4.83

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2026

FEC Identification Number

C []

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

[] 61.00

Memo Item

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

[] 72.27

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"/> 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. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

[REDACTED] 170.23

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

[REDACTED] 189.51

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

[REDACTED] 105.72

Memo Item

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

[REDACTED] 465.46

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

[REDACTED]

**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"/> 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. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

280.54

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

261.53

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

270.83

Memo Item

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

812.90

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"/> 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. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City SOUTH SAN FRANCISCO

State CA

Zip Code 94080

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

[REDACTED] 127.84

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City SOUTH SAN FRANCISCO

State CA

Zip Code 94080

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

[REDACTED] 177.91

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City SOUTH SAN FRANCISCO

State CA

Zip Code 94080

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

[REDACTED] 936.42

Memo Item

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

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

[REDACTED] 1242.17

[REDACTED]

**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"/> 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. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	2	6

FEC Identification Number

C

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

465.62

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	2	6

FEC Identification Number

C

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

263.65

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	2	6

FEC Identification Number

C

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

248.63

Memo Item

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

977.90

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"/> 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. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2026

FEC Identification Number

C

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

334.34

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2026

FEC Identification Number

C

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

1063.64

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 354 OYSTER POINT BLVD

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2026

FEC Identification Number

C

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

480.78

Memo Item

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

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

1878.76

**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"/> 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. TMA DIRECT, INC.

Mailing Address 1900 RESTON METRO PLZ
SUITE 600

City RESTON State VA Zip Code 20190

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2026

FEC Identification Number

C
Transaction ID : SB21B.11360
Amount of Each Disbursement this Period
259.17

Memo Item

Full Name (Last, First, Middle Initial)

B. VOICEHIVE

Mailing Address 12800 WHITEWATER DRIVE
SUITE 100

City MINNETONKA State MN Zip Code 55343

Purpose of Disbursement
EVENT EXPENSE: CREDENTIALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2026

FEC Identification Number

C
Transaction ID : SB21B.11344
Amount of Each Disbursement this Period
16680.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WEBCONNEX

Mailing Address 120 K ST

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2026

FEC Identification Number

C
Transaction ID : SB21B.11335
Amount of Each Disbursement this Period
9.02

Memo Item

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

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

16948.19

**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"/> 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. WEBCONNEX

Mailing Address 120 K ST

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11357

Amount of Each Disbursement this Period

[REDACTED] 45.49

Memo Item

Full Name (Last, First, Middle Initial)

B. WEBCONNEX

Mailing Address 120 K ST

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11375

Amount of Each Disbursement this Period

[REDACTED] 32.42

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B561

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11324

Amount of Each Disbursement this Period

[REDACTED] 494.76

Memo Item

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

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

[REDACTED] 572.67

[REDACTED]

**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"/> 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. WINRED TECHNICAL SERVICES LLC

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B561

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11342

Amount of Each Disbursement this Period

[REDACTED] 541.12

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B561

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11360

Amount of Each Disbursement this Period

[REDACTED] 577.91

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B561

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11377

Amount of Each Disbursement this Period

[REDACTED] 421.44

Memo Item

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

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

[REDACTED] 1540.47

[REDACTED] 108193.60

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 235 OF 263
	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 PLECHASH, ALEX, , ,			Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING - ESTIMATED
Mailing Address 7400 METRO BLVD STE 424			
City MINNEAPOLIS	State MN	Zip Code 55439	

Outstanding Balance Beginning This Period <input type="text" value="60000.00"/>	Transaction ID : SD10.1	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="55000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="55000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="55000.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="55000.00"/>

**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
STATE	MM / DD / YYYY 04 / 16 / 2026	62484.28

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	62484.28
Transaction ID : H3.1	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	62484.28
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	62484.28

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 : H4.1136523. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1134390. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1137854. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 455.75, 1714.44, 2170.19.

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 are empty.

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 : H4.1132885. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132869. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136203. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 2833.00, NONFEDERAL SHARE 10657.43, TOTAL AMOUNT 13490.43

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1133335
ADP
Mailing Address 600 CORPORATE POINTE SUITE 450
City CULVER CITY State CA Zip Code 90230
Purpose of Disbursement: NON FEA PAYROLL TAXES
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 236313.88
Date: 04 / 07 / 2026
FEDERAL SHARE: 203.49 NONFEDERAL SHARE: 765.52 TOTAL AMOUNT: 969.01

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132873
BERGSTROM, DONNA, M,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL & EXPENSE REIMBURSEMENT: SEE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 237344.23
Date: 04 / 02 / 2026
FEDERAL SHARE: 216.37 NONFEDERAL SHARE: 813.98 TOTAL AMOUNT: 1030.35

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132873.1
BERGSTROM, DONNA, M,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 237344.23
Date: 04 / 02 / 2026
FEDERAL SHARE: 134.46 NONFEDERAL SHARE: 505.84 TOTAL AMOUNT: 640.30

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 419.86, 1579.50, 1999.36

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

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.1132873.2
BERGSTROM, DONNA, M,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: TRAVEL: MILEAGE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 237344.23
Date 04 / 02 / 2026
FEDERAL SHARE 81.91 + NONFEDERAL SHARE 308.14 = TOTAL AMOUNT 390.05

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.1136193
BERGSTROM, DONNA, M,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 237984.51
Date 04 / 17 / 2026
FEDERAL SHARE 134.46 + NONFEDERAL SHARE 505.82 = TOTAL AMOUNT 640.28

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.1134735
CENTER POINT ENERGY
Mailing Address PO BOX 4981
City HOUSTON State TX Zip Code 77210
Purpose of Disbursement: UTILITIES
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 238190.59
Date 04 / 13 / 2026
FEDERAL SHARE 43.28 + NONFEDERAL SHARE 162.80 = TOTAL AMOUNT 206.08

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 177.74, 668.62, 846.36

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1134260. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1138191. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1140995. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 123.58, 464.86, 588.44.

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1133334 DELTA DENTAL. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136190 DICKS, JENNA, , ,. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132870 DICKS, JENNA, , ,. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 713.58, 2684.46, 3398.04.

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132870.2
DICKS, JENNA, , ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 242177.07
Date: 04 / 02 / 2026
FEDERAL SHARE: 337.86 NONFEDERAL SHARE: 1271.01 TOTAL AMOUNT: 1608.87

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132870.3
VERIZON
Mailing Address PO BOX 660108
City DALLAS State TX Zip Code 75266
Purpose of Disbursement: MOBILE PHONE EXPENSE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 242177.07
Date: 04 / 02 / 2026
FEDERAL SHARE: 10.50 NONFEDERAL SHARE: 39.50 TOTAL AMOUNT: 50.00

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1140994
DIGIUM CLOUD SERVICES LLC
Mailing Address 1100 CIRCLE 75 PKWY SE STE 975
City ATLANTA State GA Zip Code 30339
Purpose of Disbursement: SOFTWARE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 242434.67
Date: 04 / 28 / 2026
FEDERAL SHARE: 54.10 NONFEDERAL SHARE: 203.50 TOTAL AMOUNT: 257.60

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 54.10, 203.50, 257.60

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

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.1134381
DOORDASH
Mailing Address 303 2ND ST
City SAN FRANCISCO State CA Zip Code 74105
Purpose of Disbursement: TRAVEL: FOOD
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 242455.48
Date: 04 / 10 / 2026
FEDERAL SHARE: 4.37 NONFEDERAL SHARE: 16.44 TOTAL AMOUNT: 20.81

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1138190
DOORDASH
Mailing Address 303 2ND ST
City SAN FRANCISCO State CA Zip Code 74105
Purpose of Disbursement: TRAVEL: FOOD
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 242478.78
Date: 04 / 27 / 2026
FEDERAL SHARE: 4.89 NONFEDERAL SHARE: 18.41 TOTAL AMOUNT: 23.30

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136527
DOORDASH
Mailing Address 303 2ND ST
City SAN FRANCISCO State CA Zip Code 74105
Purpose of Disbursement: TRAVEL: FOOD
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 242537.62
Date: 04 / 20 / 2026
FEDERAL SHARE: 12.36 NONFEDERAL SHARE: 46.48 TOTAL AMOUNT: 58.84

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 21.62, 81.33, 102.95

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132155
DOORDASH
Mailing Address 303 2ND ST
City SAN FRANCISCO State CA Zip Code 74105
Purpose of Disbursement: TRAVEL: FOOD
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 242547.61
Date: 04 / 02 / 2026
FEDERAL SHARE: 2.10 NONFEDERAL SHARE: 7.89 TOTAL AMOUNT: 9.99

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132893
EMPOWERING ENTERPRISES LLC
Mailing Address 12155 BATAAN STREET NE
City BLAINE State MN Zip Code 55449
Purpose of Disbursement: DIGITAL CONSULTING
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 245047.61
Date: 04 / 02 / 2026
FEDERAL SHARE: 525.00 NONFEDERAL SHARE: 1975.00 TOTAL AMOUNT: 2500.00

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136191
EMPOWERING ENTERPRISES LLC
Mailing Address 12155 BATAAN STREET NE
City BLAINE State MN Zip Code 55449
Purpose of Disbursement: DIGITAL CONSULTING
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 251047.61
Date: 04 / 17 / 2026
FEDERAL SHARE: 1260.00 NONFEDERAL SHARE: 4740.00 TOTAL AMOUNT: 6000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1787.10, 6722.89, 8509.99

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136884. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement (INSURANCE), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (04/21/2026), and a summary table showing FEDERAL SHARE (149.12), NONFEDERAL SHARE (560.98), and TOTAL AMOUNT (710.10).

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1133630. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement (WEB HOSTING), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (04/08/2026), and a summary table showing FEDERAL SHARE (50.37), NONFEDERAL SHARE (189.51), and TOTAL AMOUNT (239.88).

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136530. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement (WEB HOSTING), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (04/20/2026), and a summary table showing FEDERAL SHARE (9.53), NONFEDERAL SHARE (35.86), and TOTAL AMOUNT (45.39).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (209.02), NONFEDERAL SHARE (786.35), TOTAL AMOUNT (995.37).

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1135810
GODADDY
Mailing Address 100 S MILL AVE SUITE 1600
City TEMPE State AZ Zip Code 85281
Purpose of Disbursement: WEB HOSTING
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 252089.36
Date: 04 / 16 / 2026
FEDERAL SHARE: 9.74 NONFEDERAL SHARE: 36.64 TOTAL AMOUNT: 46.38

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132157
GOOGLE
Mailing Address 1600 AMPHITHEATRE OARKWAY
City MOUNTAIN VIEW State CA Zip Code 94043
Purpose of Disbursement: SUBSCRIPTIONS
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 252677.36
Date: 04 / 02 / 2026
FEDERAL SHARE: 123.48 NONFEDERAL SHARE: 464.52 TOTAL AMOUNT: 588.00

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136194
HARTIGAN-STEIN, EMILY, ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 254677.36
Date: 04 / 17 / 2026
FEDERAL SHARE: 420.00 NONFEDERAL SHARE: 1580.00 TOTAL AMOUNT: 2000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 553.22, 2081.16, 2634.38

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 are empty.

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 : H4.1132874
HARTIGAN-STEIN, EMILY, . .
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 256727.36
Date: 04 / 02 / 2026
FEDERAL SHARE: 430.50 NONFEDERAL SHARE: 1619.50 TOTAL AMOUNT: 2050.00

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136165
INSTACART
Mailing Address 50 BEALE ST
City SAN FRANCISCO State CA Zip Code 94105
Purpose of Disbursement: OFFICE SUPPLIES
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 256776.50
Date: 04 / 17 / 2026
FEDERAL SHARE: 10.32 NONFEDERAL SHARE: 38.82 TOTAL AMOUNT: 49.14

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136166
INSTACART
Mailing Address 50 BEALE ST
City SAN FRANCISCO State CA Zip Code 94105
Purpose of Disbursement: OFFICE SUPPLIES
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 256829.30
Date: 04 / 17 / 2026
FEDERAL SHARE: 11.09 NONFEDERAL SHARE: 41.71 TOTAL AMOUNT: 52.80

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 451.91, 1700.03, 2151.94

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: INSTACART, Transaction ID: H4.1135442. Includes fields for Name, Address, City, State, Zip, Purpose (OFFICE SUPPLIES), Activity (Administrative), Date (04/15/2026), and Amounts (FEDERAL SHARE: 11.60, NONFEDERAL SHARE: 43.65, TOTAL AMOUNT: 55.25).

Form B: JIMMY JOHNS, Transaction ID: H4.1136167. Includes fields for Name, Address, City, State, Zip, Purpose (MEETING EXPENSE: MEALS), Activity (Administrative), Date (04/17/2026), and Amounts (FEDERAL SHARE: 29.12, NONFEDERAL SHARE: 109.56, TOTAL AMOUNT: 138.68).

Form C: MARCO TECHNOLOGIES INC, Transaction ID: H4.1134261. Includes fields for Name, Address, City, State, Zip, Purpose (OFFICE IT SERVICES), Activity (Administrative), Date (04/13/2026), and Amounts (FEDERAL SHARE: 112.69, NONFEDERAL SHARE: 423.93, TOTAL AMOUNT: 536.62).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 153.41, NONFEDERAL SHARE 577.14, TOTAL AMOUNT 730.55.

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1138192. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement (SUBSCRIPTIONS), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (04/27/2026), and a summary table showing FEDERAL SHARE (2.97), NONFEDERAL SHARE (11.18), and TOTAL AMOUNT (14.15).

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1135811. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement (SUBSCRIPTIONS), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (04/16/2026), and a summary table showing FEDERAL SHARE (2.52), NONFEDERAL SHARE (9.47), and TOTAL AMOUNT (11.99).

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132886. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement (SUBSCRIPTIONS), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (04/06/2026), and a summary table showing FEDERAL SHARE (3.20), NONFEDERAL SHARE (12.04), and TOTAL AMOUNT (15.24).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (8.69) + NONFEDERAL SHARE (32.69) = TOTAL AMOUNT (41.38)

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, and TOTAL AMOUNT fields.

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 : H4.1135988. ONE CORPORATE PLAZA PARTNERSHIP LLC. Mailing Address 7400 METRO BLVD STE 424. City MINNEAPOLIS State MN Zip Code 55439. Purpose of Disbursement: RENT. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 04/20/2026. FEDERAL SHARE 685.35, NONFEDERAL SHARE 2578.23, TOTAL AMOUNT 3263.58.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1141623. OPTINMONSTER. Mailing Address 4045 W CYPRESS ST STE 200. City ORLANDO State FL Zip Code 32806. Purpose of Disbursement: SOFTWARE. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 04/30/2026. FEDERAL SHARE 119.70, NONFEDERAL SHARE 450.30, TOTAL AMOUNT 570.00.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132872. PASCOE, DAVID, P, . Mailing Address 7400 METRO BLVD STE 424. City MINNEAPOLIS State MN Zip Code 55439. Purpose of Disbursement: NON FEA PAYROLL. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 04/02/2026. FEDERAL SHARE 122.19, NONFEDERAL SHARE 459.66, TOTAL AMOUNT 581.85.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 927.24, 3488.19, 4415.43.

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 are empty.

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 : H4.1136192
PASCOE, DAVID, P,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 262598.53
Date: 04 / 17 / 2026
FEDERAL SHARE: 122.19 NONFEDERAL SHARE: 459.68 TOTAL AMOUNT: 581.87

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132882
PLECHASH, ALEX, ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 265748.66
Date: 04 / 02 / 2026
FEDERAL SHARE: 661.53 NONFEDERAL SHARE: 2488.60 TOTAL AMOUNT: 3150.13

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136202.1
PLECHASH, ALEX, ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: POLITICAL STRATEGY CONSULTING
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 270748.66
Date: 04 / 17 / 2026
FEDERAL SHARE: 1050.00 NONFEDERAL SHARE: 3950.00 TOTAL AMOUNT: 5000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1833.72, 6898.28, 8732.00

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 are empty.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA - FEDERAL

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.1136202 <input type="checkbox"/> Memo Item			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			
PLECHASH, ALEX, , , Mailing Address 7400 METRO BLVD STE 424			Allocated Activity or Event Year-To-Date 271498.64			
City MINNEAPOLIS	State MN	Zip Code 55439	Date <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2026"/>			
Purpose of Disbursement: NON FEA PAYROLL			Category/ Type			
Activity or Event Identifier: Administrative						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
157.50			592.48			749.98

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.1136529 <input type="checkbox"/> Memo Item			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			
REDS SAVOY PIZZA Mailing Address 574 PRAIRIE CENTER DR SUITE 135-314			Allocated Activity or Event Year-To-Date 271705.06			
City EDEN PRAIRIE	State MN	Zip Code 55344	Date <input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2026"/>			
Purpose of Disbursement: MEETING EXPENSE: MEALS			Category/ Type			
Activity or Event Identifier: Administrative						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
43.35			163.07			206.42

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.1132878 <input type="checkbox"/> Memo Item			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			
SATTLER, NATHAN, , , Mailing Address 7400 METRO BLVD STE 424			Allocated Activity or Event Year-To-Date 272217.05			
City MINNEAPOLIS	State MN	Zip Code 55439	Date <input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2026"/>			
Purpose of Disbursement: NON FEA PAYROLL			Category/ Type			
Activity or Event Identifier: Administrative						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
107.52			404.47			511.99

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
308.37		1160.02		1468.39

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

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.1136197
SATTler, Nathan, , ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 272310.41
Date 04 / 17 / 2026
FEDERAL SHARE 19.61 + NONFEDERAL SHARE 73.75 = TOTAL AMOUNT 93.36

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.1136885
SUNTIDE COMMERCIAL REALTY INC.
Mailing Address 2550 UNIVERSITY AVE W SUITE 305S
City ST. PAUL State MN Zip Code 55114
Purpose of Disbursement: RENT
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 274610.41
Date 04 / 21 / 2026
FEDERAL SHARE 483.00 + NONFEDERAL SHARE 1817.00 = TOTAL AMOUNT 2300.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.1132877
THE ROUEN GROUP
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55408
Purpose of Disbursement: COMMUNICATIONS CONSULTING
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 278764.26
Date 04 / 02 / 2026
FEDERAL SHARE 872.31 + NONFEDERAL SHARE 3281.54 = TOTAL AMOUNT 4153.85

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1374.92, 5172.29, 6547.21

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

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.1136195
THE ROUEN GROUP
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55408
Purpose of Disbursement: COMMUNICATIONS CONSULTING
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 282918.11
Date 04 / 17 / 2026
FEDERAL SHARE 872.31 + NONFEDERAL SHARE 3281.54 = TOTAL AMOUNT 4153.85

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.1132890
TOVSEN DEVELOPMENT AND TECHNOLOGY SOLUTIONS
Mailing Address 5672 WEST 137TH STREET
City SAVAGE State MN Zip Code 55378
Purpose of Disbursement: WEBSITE DEVELOPMENT
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 283018.11
Date 04 / 06 / 2026
FEDERAL SHARE 21.00 + NONFEDERAL SHARE 79.00 = TOTAL AMOUNT 100.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.1134382
TOVSEN DEVELOPMENT AND TECHNOLOGY SOLUTIONS
Mailing Address 5672 WEST 137TH STREET
City SAVAGE State MN Zip Code 55378
Purpose of Disbursement: WEBSITE DEVELOPMENT
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 283118.11
Date 04 / 10 / 2026
FEDERAL SHARE 21.00 + NONFEDERAL SHARE 79.00 = TOTAL AMOUNT 100.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 914.31, 3439.54, 4353.85

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1135104. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1135444. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1137856. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 63.00, 237.00, 300.00.

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132883
TOVSEN DEVELOPMENT AND TECHNOLOGY SOLUTIONS
Mailing Address 5672 WEST 137TH STREET
City SAVAGE State MN Zip Code 55378
Purpose of Disbursement: WEBSITE DEVELOPMENT
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 283918.11
Date: 04 / 03 / 2026
FEDERAL SHARE: 105.00 NONFEDERAL SHARE: 395.00 TOTAL AMOUNT: 500.00

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136198
VAN GUILDER, GRETA, , ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL & EXPENSE REIMBURSEMENT: SEE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 284989.68
Date: 04 / 17 / 2026
FEDERAL SHARE: 225.03 NONFEDERAL SHARE: 846.54 TOTAL AMOUNT: 1071.57

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136198.1
VAN GUILDER, GRETA, , ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 284989.68
Date: 04 / 17 / 2026
FEDERAL SHARE: 219.28 NONFEDERAL SHARE: 824.89 TOTAL AMOUNT: 1044.17

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 330.03, 1241.54, 1571.57

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136198.2
VAN GUILDER, GRETA, , ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: TRAVEL: MILEAGE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 284989.68
Date: 04 / 17 / 2026
FEDERAL SHARE: 5.75 NONFEDERAL SHARE: 21.65 TOTAL AMOUNT: 27.40

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132879
VAN GUILDER, GRETA, , ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL & EXPENSE REIMBURSEMENT: SEE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 286153.80
Date: 04 / 02 / 2026
FEDERAL SHARE: 244.47 NONFEDERAL SHARE: 919.65 TOTAL AMOUNT: 1164.12

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132879.1
VAN GUILDER, GRETA, , ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 286153.80
Date: 04 / 02 / 2026
FEDERAL SHARE: 223.19 NONFEDERAL SHARE: 839.60 TOTAL AMOUNT: 1062.79

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 244.47, 919.65, 1164.12

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132879.2
VAN GUILDER, GRETA, , ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: TRAVEL: MILEAGE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 286153.80
Date: 04 / 02 / 2026
FEDERAL SHARE: 21.28 NONFEDERAL SHARE: 80.05 TOTAL AMOUNT: 101.33

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136200
VUJOVICH-LAABS, JILL, , ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 288488.91
Date: 04 / 17 / 2026
FEDERAL SHARE: 490.37 NONFEDERAL SHARE: 1844.74 TOTAL AMOUNT: 2335.11

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132880
VUJOVICH-LAABS, JILL, , ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL & EXPENSE REIMBURSEMENT: SEE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 290874.00
Date: 04 / 02 / 2026
FEDERAL SHARE: 500.87 NONFEDERAL SHARE: 1884.22 TOTAL AMOUNT: 2385.09

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 991.24, 3728.96, 4720.20

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132880.2
VUJOVICH-LAABS, JILL, , ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 290874.00
Date: 04 / 02 / 2026
FEDERAL SHARE: 490.37 NONFEDERAL SHARE: 1844.72 TOTAL AMOUNT: 2335.09

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132880.3
VERIZON
Mailing Address PO BOX 660108
City DALLAS State TX Zip Code 75266
Purpose of Disbursement: MOBILE PHONE EXPENSE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 290874.00
Date: 04 / 02 / 2026
FEDERAL SHARE: 10.50 NONFEDERAL SHARE: 39.50 TOTAL AMOUNT: 50.00

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132881
WARZECHA, COLBY, L, ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 292364.97
Date: 04 / 02 / 2026
FEDERAL SHARE: 313.10 NONFEDERAL SHARE: 1177.87 TOTAL AMOUNT: 1490.97

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 313.10, 1177.87, 1490.97

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136201. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136201.1. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136201.2. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 423.06, NONFEDERAL SHARE 1591.51, TOTAL AMOUNT 2014.57

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136201.3. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement (SUBSCRIPTIONS), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (02/13/2026), and a summary table showing FEDERAL SHARE (4.51), NONFEDERAL SHARE (16.97), and TOTAL AMOUNT (21.48).

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132161. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement (UTILITIES), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (04/02/2026), and a summary table showing FEDERAL SHARE (29.48), NONFEDERAL SHARE (110.92), and TOTAL AMOUNT (140.40).

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1132162. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement (UTILITIES), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (04/02/2026), and a summary table showing FEDERAL SHARE (29.84), NONFEDERAL SHARE (112.25), and TOTAL AMOUNT (142.09).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (59.32) + NONFEDERAL SHARE (223.17) = TOTAL AMOUNT (282.49)

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.1136528
ZOOM
Mailing Address 55 ALMADEN BLVD
City SAN JOSE State CA Zip Code 95113
Purpose of Disbursement: SOFTWARE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 294754.64
Date: 04/20/2026
FEDERAL SHARE: 19.45 NONFEDERAL SHARE: 73.16 TOTAL AMOUNT: 92.61

Form B: Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Allocated Activity or Event:
Allocated Activity or Event Year-To-Date:
Date:
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

Form C: Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Allocated Activity or Event:
Allocated Activity or Event Year-To-Date:
Date:
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 19.45, 73.16, 92.61

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: 15764.81, 59305.58, 75070.39