

**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..... | 41023.56 | |
| (c) Total Receipts (from Line 19) | 147848.07 | 288499.11 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 188871.63 | 385687.98 |
| 7. Total Disbursements (from Line 31)..... | 125837.92 | 322654.27 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 63033.71 | 63033.71 |
| 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) | 60000.00 | |

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)..... | 27425.30 | 45915.95 |
| (ii) Unitemized | 28692.52 | 76001.62 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 56117.82 | 121917.57 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 40000.00 | 40000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 96117.82 | 161917.57 |
| 12. Transfers From Affiliated/Other Party Committees..... | 2500.00 | 43312.14 |
| 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)..... | 733.40 | 2272.55 |
| 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)..... | 48496.85 | 80996.85 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 48496.85 | 80996.85 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 147848.07 | 288499.11 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 99351.22 | 207502.26 |

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 | 16632.37 | 29523.96 |
| (ii) Non-Federal Share..... | 62569.39 | 111066.24 |
| (b) Other Federal Operating Expenditures | 46636.16 | 158064.07 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 125837.92 | 298654.27 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 24000.00 |
| 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)) .. | 125837.92 | 322654.27 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 63268.53 | 211588.03 |

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) | 96117.82 | 161917.57 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 96117.82 | 161917.57 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 63268.53 | 187588.03 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 733.40 | 2272.55 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 62535.13 | 185315.48 |

**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 141 |
| | (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 |

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. HOYT, PAULA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16514 ISLAND OAKS CT
 City MINNETONKA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOYT PROPERTIES Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 24 / 2026
Transaction ID : SA11AI.168371538
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. PAPENFUSS, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 902 E 2ND ST #105
 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 ▼ 5000.00

Date of Receipt 02 / 17 / 2026
Transaction ID : SA11AI.168108645
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. PLECHASH, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 475 HIGHCROFT RD
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REPUBLICAN PARTY OF MINNESOTA Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 02 / 17 / 2026
Transaction ID : SA11AI.168104126
 Amount of Each Receipt this Period 10000.00
 Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 16000.00 |
| 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 141 |
| | <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 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

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 ▼
64898.24

Date of Receipt
MM / DD / YYYY
02 / 09 / 2026

Transaction ID : SA11Al.168093290

Amount of Each Receipt this Period
4786.40

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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) Occupation (for Individual)
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1520.90

Date of Receipt
MM / DD / YYYY
02 / 02 / 2026

Transaction ID : SA11Al.168045658

Amount of Each Receipt this Period
24.70

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) Occupation (for Individual)
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1520.90

Date of Receipt
MM / DD / YYYY
02 / 02 / 2026

Transaction ID : SA11Al.168045689

Amount of Each Receipt this Period
25.00

Memo Item

EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 49.70 |
| 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 8 OF 141 |
| <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. 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 ▼ 1520.90

Date of Receipt 02 / 02 / 2026
Transaction ID : SA11Al.168045690
 Amount of Each Receipt this Period 25.00
 Memo Item
EARMARKED THROUGH WINRED

B. 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 ▼ 600.00

Date of Receipt 02 / 01 / 2026
Transaction ID : SA11Al.168045749
 Amount of Each Receipt this Period 300.00
 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 ▼ 279.30

Date of Receipt 02 / 04 / 2026
Transaction ID : SA11Al.168045732
 Amount of Each Receipt this Period 95.00
 Memo Item
EARMARKED THROUGH WINRED

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 420.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 141
(check only one)

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

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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 ▼
228.80

Date of Receipt
MM / DD / YYYY
02 / 02 / 2026

Transaction ID : SA11Al.168045452

Amount of Each Receipt this Period
9.50

Memo Item
EARMARKED THROUGH WINRED

B. 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 ▼
588.80

Date of Receipt
MM / DD / YYYY
02 / 05 / 2026

Transaction ID : SA11Al.168045603

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 ▼
588.80

Date of Receipt
MM / DD / YYYY
02 / 05 / 2026

Transaction ID : SA11Al.168045719

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 84.20 |
| 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 10 OF 141 |
| | <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. LEVERENZ, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9703 GEISLER RD
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 04 / 2026
Transaction ID : SA11Al.168045746
 Amount of Each Receipt this Period 250.00
 Memo Item
EARMARKED THROUGH WINRED

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) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 283.10

Date of Receipt 02 / 02 / 2026
Transaction ID : SA11Al.168045449
 Amount of Each Receipt this Period 9.50
 Memo Item
EARMARKED THROUGH WINRED

C. NATH, LYNDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1608
 City ARROYO GRANDE State CA Zip Code 93421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 217.20

Date of Receipt 02 / 05 / 2026
Transaction ID : SA11Al.168045465
 Amount of Each Receipt this Period 10.00
 Memo Item
EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 269.50 |
| 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 11 OF 141 |
| | <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. NATH, LYNDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1608
 City ARROYO GRANDE State CA Zip Code 93421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2026
Transaction ID : SA11AI.168045584
 Amount of Each Receipt this Period
 24.70
 Memo Item
EARMARKED THROUGH WINRED

B. PENNAL, JANEIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1476
 City HENDERSON State TX Zip Code 75653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2026
Transaction ID : SA11AI.168045745
 Amount of Each Receipt this Period
 237.50
 Memo Item
EARMARKED THROUGH WINRED

C. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 609.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2026
Transaction ID : SA11AI.168045601
 Amount of Each Receipt this Period
 24.70
 Memo Item
EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 286.90 |
| 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 12 OF 141 |
| <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. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 609.40

Date of Receipt
 02 / 05 / 2026
Transaction ID : SA11Al.168045716
 Amount of Each Receipt this Period
 50.00
 Memo Item
 EARMARKED THROUGH WINRED

B. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 609.40

Date of Receipt
 02 / 05 / 2026
Transaction ID : SA11Al.168045717
 Amount of Each Receipt this Period
 50.00
 Memo Item
 EARMARKED THROUGH WINRED

C. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 609.40

Date of Receipt
 02 / 05 / 2026
Transaction ID : SA11Al.168045718
 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 13 OF 141 |
| <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. ROGGOW, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1980 KNOLLWOOD DR
 City FAIRMONT State MN Zip Code 56031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRIAN ROGGOW Occupation (for Individual) VETERINARIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2026
Transaction ID : SA11Al.168045747
 Amount of Each Receipt this Period 250.00
 Memo Item
 EARMARKED THROUGH WINRED

B. SNEARLY, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8055 TWIN OAKS DR
 City BROADVIEW HEIGHTS State OH Zip Code 44147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.45

Date of Receipt 02 / 02 / 2026
Transaction ID : SA11Al.168045670
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

C. SNEARLY, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8055 TWIN OAKS DR
 City BROADVIEW HEIGHTS State OH Zip Code 44147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.45

Date of Receipt 02 / 05 / 2026
Transaction ID : SA11Al.168045713
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 324.70 |
| 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 14 OF 141 |
| | <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. SNEARLY, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8055 TWIN OAKS DR
 City BROADVIEW HEIGHTS State OH Zip Code 44147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.45

Date of Receipt 02 / 05 / 2026
Transaction ID : SA11Al.168045724
 Amount of Each Receipt this Period 71.25
 Memo Item
EARMARKED THROUGH WINRED

B. SNEARLY, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8055 TWIN OAKS DR
 City BROADVIEW HEIGHTS State OH Zip Code 44147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.45

Date of Receipt 02 / 05 / 2026
Transaction ID : SA11Al.168045738
 Amount of Each Receipt this Period 100.00
 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 ▼ 204.10

Date of Receipt 02 / 01 / 2026
Transaction ID : SA11Al.168045549
 Amount of Each Receipt this Period 23.75
 Memo Item
EARMARKED THROUGH WINRED

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 195.00 |
| 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 141 |
| | <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. 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 ▼ 1216.00

Date of Receipt 02 / 02 / 2026
Transaction ID : SA11Al.168045495
 Amount of Each Receipt this Period 20.00
 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 ▼ 1216.00

Date of Receipt 02 / 02 / 2026
Transaction ID : SA11Al.168045531
 Amount of Each Receipt this Period 23.75
 Memo Item
EARMARKED THROUGH WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4250 FAIRFAX DR STE 600
 City ARLINGTON State VA Zip Code 22203
 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 ▼ 64898.24

Date of Receipt 02 / 17 / 2026
Transaction ID : SA11Al.168170979
 Amount of Each Receipt this Period 5645.69
 Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional).....▶ 43.75
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 16 OF 141 |
| | <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. ATEES, 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 02 / 08 / 2026
Transaction ID : SA11Al.168171452
 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 ▼ 654.05

Date of Receipt 02 / 07 / 2026
Transaction ID : SA11Al.168171318
 Amount of Each Receipt this Period 20.00
 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 ▼ 654.05

Date of Receipt 02 / 07 / 2026
Transaction ID : SA11Al.168171443
 Amount of Each Receipt this Period 30.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 94.65 |
| 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 17 OF 141 |
| | <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. 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 ▼
654.05

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 07 | / | 2026 |

Transaction ID : SA11Al.168171444

Amount of Each Receipt this Period
30.00

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 ▼
654.05

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 07 | / | 2026 |

Transaction ID : SA11Al.168171456

Amount of Each Receipt this Period
44.65

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 ▼
654.05

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 07 | / | 2026 |

Transaction ID : SA11Al.168171465

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 124.65 |
| 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: PAGE 18 OF 141
(check only one)

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

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

A. 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 ▼
654.05

Date of Receipt
MM / DD / YYYY
02 / 07 / 2026

Transaction ID : SA11AI.168171466

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 ▼
654.05

Date of Receipt
MM / DD / YYYY
02 / 07 / 2026

Transaction ID : SA11AI.168171467

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 ▼
654.05

Date of Receipt
MM / DD / YYYY
02 / 07 / 2026

Transaction ID : SA11AI.168171468

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 19 OF 141 |
| | <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. 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 ▼ 654.05

Date of Receipt 02 / 07 / 2026
Transaction ID : SA11Al.168171469
 Amount of Each Receipt this Period 50.00
 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 ▼ 654.05

Date of Receipt 02 / 07 / 2026
Transaction ID : SA11Al.168171470
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

C. 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 ▼ 561.35

Date of Receipt 02 / 06 / 2026
Transaction ID : SA11Al.168171428
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 124.70 |
| 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 20 OF 141 |
| | <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. 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 ▼ 561.35

Date of Receipt 02 / 06 / 2026
Transaction ID : SA11Al.168171471
 Amount of Each Receipt this Period 50.00
 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 ▼ 228.80

Date of Receipt 02 / 10 / 2026
Transaction ID : SA11Al.168171293
 Amount of Each Receipt this Period 14.25
 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 ▼ 228.80

Date of Receipt 02 / 11 / 2026
Transaction ID : SA11Al.168171290
 Amount of Each Receipt this Period 14.25
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 78.50 |
| 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 21 OF 141 |
| | <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. JEFFERY, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SLEEPING COLT PL
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 493.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2026
Transaction ID : SA11Al.168171313
 Amount of Each Receipt this Period
 20.00
 Memo Item
EARMARKED THROUGH WINRED

B. JEFFERY, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SLEEPING COLT PL
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 493.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2026
Transaction ID : SA11Al.168171314
 Amount of Each Receipt this Period
 20.00
 Memo Item
EARMARKED THROUGH WINRED

C. JEFFERY, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SLEEPING COLT PL
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 493.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2026
Transaction ID : SA11Al.168171315
 Amount of Each Receipt this Period
 20.00
 Memo Item
EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 60.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| | |
|---|------------------------------|
| FOR LINE NUMBER: | PAGE 22 OF 141 |
| (check only one) | |
| <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. JEFFERY, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SLEEPING COLT PL
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 493.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2026
Transaction ID : SA11Al.168171387
 Amount of Each Receipt this Period
 24.70
 Memo Item
 EARMARKED THROUGH WINRED

B. JEFFERY, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SLEEPING COLT PL
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 493.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2026
Transaction ID : SA11Al.168171435
 Amount of Each Receipt this Period
 25.00
 Memo Item
 EARMARKED THROUGH WINRED

C. JEFFERY, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SLEEPING COLT PL
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 493.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2026
Transaction ID : SA11Al.168171436
 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: | PAGE 23 OF 141 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | |

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

A. JEFFERY, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SLEEPING COLT PL
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 493.85

Date of Receipt 02 / 10 / 2026
Transaction ID : SA11Al.168171437
 Amount of Each Receipt this Period 25.00
 Memo Item
 EARMARKED THROUGH WINRED

B. JEFFERY, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SLEEPING COLT PL
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 493.85

Date of Receipt 02 / 10 / 2026
Transaction ID : SA11Al.168171460
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

C. JEFFERY, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SLEEPING COLT PL
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 493.85

Date of Receipt 02 / 10 / 2026
Transaction ID : SA11Al.168171461
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 125.00 |
| 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 141 |
| | <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. JEFFERY, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SLEEPING COLT PL
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 493.85

Date of Receipt 02 / 10 / 2026
Transaction ID : SA11Al.168171462
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

B. 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 ▼ 588.80

Date of Receipt 02 / 07 / 2026
Transaction ID : SA11Al.168171413
 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 ▼ 588.80

Date of Receipt 02 / 07 / 2026
Transaction ID : SA11Al.168171464
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 124.70 |
| 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: PAGE 25 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 283.10

Date of Receipt 02 / 11 / 2026
Transaction ID : SA11Al.168171378
 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 ▼ 615.95

Date of Receipt 02 / 09 / 2026
Transaction ID : SA11Al.168171308
 Amount of Each Receipt this Period 19.00
 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 ▼ 615.95

Date of Receipt 02 / 09 / 2026
Transaction ID : SA11Al.168171316
 Amount of Each Receipt this Period 20.00
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.70
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: PAGE 26 OF 141
(check only one)

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SMITH, BONADINE, , ,

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 ▼
615.95

Date of Receipt
MM / DD / YYYY
02 / 09 / 2026

Transaction ID : SA11Al.168171339

Amount of Each Receipt this Period
23.75

Memo Item
EARMARKED THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. STRONG, RAY, , ,

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 ▼
932.50

Date of Receipt
MM / DD / YYYY
02 / 09 / 2026

Transaction ID : SA11Al.168171474

Amount of Each Receipt this Period
71.25

Memo Item
EARMARKED THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. STRONG, RAY, , ,

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 ▼
932.50

Date of Receipt
MM / DD / YYYY
02 / 09 / 2026

Transaction ID : SA11Al.168171481

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED THROUGH WINRED

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 195.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 141 |
| | <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. 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 ▼ 932.50

Date of Receipt 02 / 09 / 2026
Transaction ID : SA11Al.168171482
 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 ▼ 932.50

Date of Receipt 02 / 09 / 2026
Transaction ID : SA11Al.168171483
 Amount of Each Receipt this Period 100.00
 Memo Item
EARMARKED THROUGH WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4250 FAIRFAX DR STE 600
 City ARLINGTON State VA Zip Code 22203
 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 ▼ 64898.24

Date of Receipt 02 / 23 / 2026
Transaction ID : SA11Al.168462890
 Amount of Each Receipt this Period 8863.11
 Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
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 141 |
| | <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. 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 ▼
1520.90

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 12 | / | 2026 |

Transaction ID : SA11Al.168463519

Amount of Each Receipt this Period
50.00

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 ▼
1520.90

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 12 | / | 2026 |

Transaction ID : SA11Al.168463520

Amount of Each Receipt this Period
50.00

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 ▼
1520.90

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 12 | / | 2026 |

Transaction ID : SA11Al.168463521

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 29 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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 ▼ 1520.90

Date of Receipt 02 / 12 / 2026
Transaction ID : SA11Al.168463522
 Amount of Each Receipt this Period 50.00
 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 ▼ 1520.90

Date of Receipt 02 / 12 / 2026
Transaction ID : SA11Al.168463523
 Amount of Each Receipt this Period 50.00
 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 ▼ 1520.90

Date of Receipt 02 / 12 / 2026
Transaction ID : SA11Al.168463535
 Amount of Each Receipt this Period 95.00
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00
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 30 OF 141 (check only one) |
| <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. 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 ▼
1520.90

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 12 | / | 2026 |

Transaction ID : SA11Al.168463541

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 ▼
1520.90

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 12 | / | 2026 |

Transaction ID : SA11Al.168463542

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 ▼
1520.90

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 12 | / | 2026 |

Transaction ID : SA11Al.168463543

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 31 OF 141 |
| <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. 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 ▼
1520.90

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 12 | / | 2026 |

Transaction ID : SA11AI.168463544

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 ▼
1520.90

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 13 | / | 2026 |

Transaction ID : SA11AI.168463433

Amount of Each Receipt this Period
24.70

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 ▼
1520.90

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 13 | / | 2026 |

Transaction ID : SA11AI.168463512

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 174.70 |
| 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 32 OF 141 |
| | <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 ▼ 1520.90

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11Al.168463513
 Amount of Each Receipt this Period 50.00
 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 ▼ 1520.90

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11Al.168463507
 Amount of Each Receipt this Period 50.00
 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 ▼ 1520.90

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11Al.168463508
 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 33 OF 141 |
| <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. 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 ▼
1520.90

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | / | 13 | / | 2026 |

Transaction ID : SA11Al.168463509

Amount of Each Receipt this Period
50.00

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 ▼
1520.90

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | / | 13 | / | 2026 |

Transaction ID : SA11Al.168463510

Amount of Each Receipt this Period
50.00

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 ▼
1520.90

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | / | 13 | / | 2026 |

Transaction ID : SA11Al.168463511

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 34 OF 141 |
| | <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. 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 ▼ 1520.90

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11AI.168463536
 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 ▼ 1520.90

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11AI.168463537
 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 ▼ 1520.90

Date of Receipt 02 / 16 / 2026
Transaction ID : SA11AI.168463479
 Amount of Each Receipt this Period 30.00
 Memo Item
EARMARKED THROUGH WINRED

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 230.00 |
| 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 141 |
| | <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. 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 ▼ 1520.90

Date of Receipt 02 / 16 / 2026
Transaction ID : SA11AI.168463481
 Amount of Each Receipt this Period 33.25
 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 ▼ 654.05

Date of Receipt 02 / 14 / 2026
Transaction ID : SA11AI.168463429
 Amount of Each Receipt this Period 24.70
 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 ▼ 654.05

Date of Receipt 02 / 14 / 2026
Transaction ID : SA11AI.168463506
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 107.95 |
| 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 36 OF 141 |
| | <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. 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 ▼ 262.20

Date of Receipt 02 / 15 / 2026
Transaction ID : SA11AI.168463525
 Amount of Each Receipt this Period 71.25
 Memo Item
 EARMARKED THROUGH WINRED

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) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 561.35

Date of Receipt 02 / 12 / 2026
Transaction ID : SA11AI.168463466
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

C. 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 ▼ 561.35

Date of Receipt 02 / 17 / 2026
Transaction ID : SA11AI.168463392
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 120.65 |
| 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 37 OF 141 |
| | <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 AVENUE
 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 ▼ 208.20

Date of Receipt 02 / 14 / 2026
Transaction ID : SA11Al.168463545
 Amount of Each Receipt this Period 104.10
 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 ▼ 228.80

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11Al.168463251
 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 ▼ 228.80

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11Al.168463274
 Amount of Each Receipt this Period 14.25
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 127.85 |
| 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 38 OF 141 |
| | <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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, DONALD, , ,

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 ▼
228.80

Date of Receipt
02 / 13 / 2026

Transaction ID : SA11AI.168463430

Amount of Each Receipt this Period
24.70

Memo Item
EARMARKED THROUGH WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, DONALD, , ,

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 ▼
228.80

Date of Receipt
02 / 17 / 2026

Transaction ID : SA11AI.168463268

Amount of Each Receipt this Period
14.25

Memo Item
EARMARKED THROUGH WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JEFFERY, ROGER, , ,

Mailing Address 18 SLEEPING COLT PL

| | | |
|----------------|-------------|-------------------|
| City SPRING | State TX | Zip Code 77389 |
|----------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
493.85

Date of Receipt
02 / 17 / 2026

Transaction ID : SA11AI.168463278

Amount of Each Receipt this Period
15.00

Memo Item
EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 53.95 |
| 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 39 OF 141 |
| | <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. JEFFERY, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SLEEPING COLT PL
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 493.85

Date of Receipt 02 / 18 / 2026
Transaction ID : SA11AI.168463277
 Amount of Each Receipt this Period 15.00
 Memo Item
 EARMARKED THROUGH WINRED

B. JEFFERY, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SLEEPING COLT PL
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 493.85

Date of Receipt 02 / 18 / 2026
Transaction ID : SA11AI.168463379
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

C. JEFFERY, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SLEEPING COLT PL
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 493.85

Date of Receipt 02 / 19 / 2026
Transaction ID : SA11AI.168463276
 Amount of Each Receipt this Period 15.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 54.70 |
| 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: PAGE 40 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JEFFERY, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 SLEEPING COLT PL
 City SPRING State TX Zip Code 77389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 493.85

Date of Receipt 02 / 19 / 2026
Transaction ID : SA11Al.168463289
 Amount of Each Receipt this Period 20.00
 Memo Item
 EARMARKED THROUGH WINRED

B. KEHLER, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 JILL DRIVE
 City PRINCETON JUNCTION State NJ Zip Code 08550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.30

Date of Receipt 02 / 19 / 2026
Transaction ID : SA11Al.168463368
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

C. KEHLER, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 JILL DRIVE
 City PRINCETON JUNCTION State NJ Zip Code 08550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.30

Date of Receipt 02 / 19 / 2026
Transaction ID : SA11Al.168463502
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 94.70
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 41 OF 141 |
| | <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. 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 ▼ 203.75

Date of Receipt 02 / 16 / 2026
Transaction ID : SA11AI.168463407
 Amount of Each Receipt this Period 24.70
 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 ▼ 203.75

Date of Receipt 02 / 16 / 2026
Transaction ID : SA11AI.168463480
 Amount of Each Receipt this Period 30.00
 Memo Item
 EARMARKED THROUGH WINRED

C. MERKOVSKY, JOSEPH, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19421 REDBEAM AVE
 City TORRANCE State CA Zip Code 90503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11AI.168463353
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 78.45 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 141 |
| | <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. 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 ▼ 283.10

Date of Receipt 02 / 11 / 2026
Transaction ID : SA11AI.168463257
 Amount of Each Receipt this Period 9.50
 Memo Item
 EARMARKED THROUGH WINRED

B. MUNTZ, TED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10121 83RD ST 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 ▼ 350.00

Date of Receipt 02 / 19 / 2026
Transaction ID : SA11AI.168463547
 Amount of Each Receipt this Period 350.00
 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 ▼ 615.95

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11AI.168463287
 Amount of Each Receipt this Period 19.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 378.50 |
| 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: | PAGE 43 OF 141 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | |

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

A. 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 ▼ 615.95

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11AI.168463455
 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 ▼ 615.95

Date of Receipt 02 / 14 / 2026
Transaction ID : SA11AI.168463421
 Amount of Each Receipt this Period 24.70
 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 ▼ 615.95

Date of Receipt 02 / 16 / 2026
Transaction ID : SA11AI.168463409
 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 44 OF 141 |
| | <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. SNEARLY, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8055 TWIN OAKS DR
 City BROADVIEW HEIGHTS State OH Zip Code 44147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.45

Date of Receipt 02 / 18 / 2026
Transaction ID : SA11AI.168463315
 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 ▼ 204.10

Date of Receipt 02 / 14 / 2026
Transaction ID : SA11AI.168463428
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

C. SPANN, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6820 RICKWOOD DRIVE
 City PENSACOLA State FL Zip Code 32526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 232.40

Date of Receipt 02 / 16 / 2026
Transaction ID : SA11AI.168463290
 Amount of Each Receipt this Period 20.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 68.45 |
| 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 141 |
| | <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. SPANN, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6820 RICKWOOD DRIVE
 City PENSACOLA State FL Zip Code 32526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.40

Date of Receipt 02 / 16 / 2026
Transaction ID : SA11AI.168463398
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

B. SPANN, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6820 RICKWOOD DRIVE
 City PENSACOLA State FL Zip Code 32526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.40

Date of Receipt 02 / 18 / 2026
Transaction ID : SA11AI.168463284
 Amount of Each Receipt this Period 19.00
 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 ▼ 932.50

Date of Receipt 02 / 16 / 2026
Transaction ID : SA11AI.168463532
 Amount of Each Receipt this Period 95.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 138.70 |
| 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: PAGE 46 OF 141
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 FM 2854 RD

| | | |
|----------------|-------------|-------------------|
| 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 ▼
708.25

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 02 / 12 / 2026 |

Transaction ID : SA11AI.168463360

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 FM 2854 RD

| | | |
|----------------|-------------|-------------------|
| 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 ▼
708.25

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 02 / 15 / 2026 |

Transaction ID : SA11AI.168463489

Amount of Each Receipt this Period
44.65

Memo Item
EARMARKED THROUGH WINRED

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

Mailing Address 14170 FM 2854 RD

| | | |
|----------------|-------------|-------------------|
| 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 ▼
708.25

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 02 / 16 / 2026 |

Transaction ID : SA11AI.168463484

Amount of Each Receipt this Period
44.65

Memo Item
EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 113.05 |
| 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 47 OF 141 |
| | <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 FM 2854 RD
 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 ▼ 708.25

Date of Receipt 02 / 16 / 2026
Transaction ID : SA11Al.168463504
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

B. YANCEY, JO, ANN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854 RD
 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 ▼ 708.25

Date of Receipt 02 / 17 / 2026
Transaction ID : SA11Al.168463317
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

C. 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 ▼ 1216.00

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11Al.168463291
 Amount of Each Receipt this Period 20.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 93.75 |
| 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 48 OF 141 |
| | <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 ▼ 1216.00

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11AI.168463292
 Amount of Each Receipt this Period 20.00
 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 ▼ 1216.00

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11AI.168463356
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

C. 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 ▼ 1216.00

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11AI.168463514
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 93.75 |
| 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 49 OF 141 |
| | <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. 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 ▼ 1216.00

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11Al.168463515
 Amount of Each Receipt this Period 50.00
 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 ▼ 1216.00

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11Al.168463516
 Amount of Each Receipt this Period 50.00
 Memo Item
EARMARKED THROUGH WINRED

C. 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 ▼ 1216.00

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11Al.168463517
 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 50 OF 141 |
| | <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. 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 ▼ 1216.00

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11AI.168463538
 Amount of Each Receipt this Period 100.00
 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 ▼ 1216.00

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11AI.168463539
 Amount of Each Receipt this Period 100.00
 Memo Item
 EARMARKED THROUGH WINRED

C. 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 ▼ 1216.00

Date of Receipt 02 / 14 / 2026
Transaction ID : SA11AI.168463424
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 224.70
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 51 OF 141 |
| | <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. 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 ▼ 1216.00

Date of Receipt 02 / 14 / 2026
Transaction ID : SA11AI.168463476
 Amount of Each Receipt this Period 25.00
 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 ▼ 1216.00

Date of Receipt 02 / 15 / 2026
Transaction ID : SA11AI.168463413
 Amount of Each Receipt this Period 24.70
 Memo Item
EARMARKED THROUGH WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4250 FAIRFAX DR STE 600
 City ARLINGTON State VA Zip Code 22203
 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 ▼ 64898.24

Date of Receipt 02 / 27 / 2026
Transaction ID : SA11AI.168780126
 Amount of Each Receipt this Period 2772.51
 Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional).....▶ 49.70
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: PAGE 52 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ABBOTT, KENNETH, , ,

Mailing Address **78 HICKORY LANE**

City **GREENVILLE** State **KY** Zip Code **42345**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **359.05**

Date of Receipt
02 / 28 / 2026

Transaction ID : SA11Al.168781613

Amount of Each Receipt this Period
24.70

Memo Item
EARMARKED THROUGH WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ABBOTT, KENNETH, , ,

Mailing Address **78 HICKORY LANE**

City **GREENVILLE** State **KY** Zip Code **42345**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **359.05**

Date of Receipt
02 / 28 / 2026

Transaction ID : SA11Al.168781659

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
ABBOTT, KENNETH, , ,

Mailing Address **78 HICKORY LANE**

City **GREENVILLE** State **KY** Zip Code **42345**

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **359.05**

Date of Receipt
02 / 28 / 2026

Transaction ID : SA11Al.168781660

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... **124.70**

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 53 OF 141 |
| <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. 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 ▼ 279.30

Date of Receipt 02 / 28 / 2026
Transaction ID : SA11Al.168781652
 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 ▼ 527.50

Date of Receipt 02 / 27 / 2026
Transaction ID : SA11Al.168781512
 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 ▼ 527.50

Date of Receipt 02 / 27 / 2026
Transaction ID : SA11Al.168781637
 Amount of Each Receipt this Period 40.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 108.40 |
| 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 54 OF 141 |
| | <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. 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 ▼ 527.50

Date of Receipt 02 / 27 / 2026
Transaction ID : SA11Al.168781661
 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 ▼ 527.50

Date of Receipt 02 / 27 / 2026
Transaction ID : SA11Al.168781662
 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 ▼ 527.50

Date of Receipt 02 / 27 / 2026
Transaction ID : SA11Al.168781663
 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 55 OF 141 |
| <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. 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 ▼ 527.50

Date of Receipt 02 / 27 / 2026
Transaction ID : SA11Al.168781664
 Amount of Each Receipt this Period 50.00
 Memo Item
EARMARKED THROUGH WINRED

B. YANCEY, JO, ANN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854 RD
 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 ▼ 708.25

Date of Receipt 02 / 26 / 2026
Transaction ID : SA11Al.168781630
 Amount of Each Receipt this Period 24.70
 Memo Item
EARMARKED THROUGH WINRED

C. YANCEY, JO, ANN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854 RD
 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 ▼ 708.25

Date of Receipt 02 / 26 / 2026
Transaction ID : SA11Al.168781665
 Amount of Each Receipt this Period 50.00
 Memo Item
EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 124.70 |
| 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 56 OF 141 |
| | <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. 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 ▼ 1216.00

Date of Receipt 02 / 28 / 2026
Transaction ID : SA11Al.168781504
 Amount of Each Receipt this Period 23.75
 Memo Item
EARMARKED THROUGH WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4250 FAIRFAX DR STE 600
 City ARLINGTON State VA Zip Code 22203
 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 ▼ 64898.24

Date of Receipt 02 / 27 / 2026
Transaction ID : SA11Al.168547929
 Amount of Each Receipt this Period 8428.97
 Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C. ABBOTT, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 HICKORY LANE
 City GREENVILLE State KY Zip Code 42345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 359.05

Date of Receipt 02 / 23 / 2026
Transaction ID : SA11Al.168548485
 Amount of Each Receipt this Period 44.65
 Memo Item
EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 68.40 |
| 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: PAGE 57 OF 141
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ABBOTT, KENNETH, , ,

Mailing Address **78 HICKORY LANE**

City **GREENVILLE** State **KY** Zip Code **42345**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **359.05**

Date of Receipt
02 / 25 / 2026

Transaction ID : SA11Al.168548315

Amount of Each Receipt this Period
20.00

Memo Item
EARMARKED THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ABBOTT, KENNETH, , ,

Mailing Address **78 HICKORY LANE**

City **GREENVILLE** State **KY** Zip Code **42345**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **359.05**

Date of Receipt
02 / 25 / 2026

Transaction ID : SA11Al.168548316

Amount of Each Receipt this Period
20.00

Memo Item
EARMARKED THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ABBOTT, KENNETH, , ,

Mailing Address **78 HICKORY LANE**

City **GREENVILLE** State **KY** Zip Code **42345**

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **359.05**

Date of Receipt
02 / 25 / 2026

Transaction ID : SA11Al.168548382

Amount of Each Receipt this Period
24.70

Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ **64.70**

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 58 OF 141 |
| | <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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ABBOTT, KENNETH, , ,

Mailing Address 78 HICKORY LANE

| | | |
|--------------------|-------------|-------------------|
| City GREENVILLE | State KY | Zip Code 42345 |
|--------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
359.05

Date of Receipt
MM / DD / YYYY
02 / 25 / 2026

Transaction ID : SA11Al.168548465

Amount of Each Receipt this Period
25.00

Memo Item
EARMARKED THROUGH WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ABBOTT, KENNETH, , ,

Mailing Address 78 HICKORY LANE

| | | |
|--------------------|-------------|-------------------|
| City GREENVILLE | State KY | Zip Code 42345 |
|--------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
359.05

Date of Receipt
MM / DD / YYYY
02 / 25 / 2026

Transaction ID : SA11Al.168548466

Amount of Each Receipt this Period
25.00

Memo Item
EARMARKED THROUGH WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ABBOTT, KENNETH, , ,

Mailing Address 78 HICKORY LANE

| | | |
|--------------------|-------------|-------------------|
| City GREENVILLE | State KY | Zip Code 42345 |
|--------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
359.05

Date of Receipt
MM / DD / YYYY
02 / 25 / 2026

Transaction ID : SA11Al.168548467

Amount of Each Receipt this Period
25.00

Memo Item
EARMARKED THROUGH WINRED

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 75.00 |
| 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 141 |
| | <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. ABBOTT, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 HICKORY LANE
 City GREENVILLE State KY Zip Code 42345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 359.05

Date of Receipt 02 / 25 / 2026
Transaction ID : SA11Al.168548493
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

B. ATEES, 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 02 / 20 / 2026
Transaction ID : SA11Al.168548519
 Amount of Each Receipt this Period 950.00
 Memo Item
 EARMARKED THROUGH WINRED

C. CLAXTON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1369 SPRUCE PLACE APT 3511
 City MINNEAPOLIS State MN Zip Code 55403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CANADIAN PACIFIC RAILWAY Occupation (for Individual) NETWORK ARCHITECT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 02 / 25 / 2026
Transaction ID : SA11Al.168548520
 Amount of Each Receipt this Period 1200.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2200.00 |
| 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 141 |
| | <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. 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 ▼ 561.35

Date of Receipt 02 / 23 / 2026
Transaction ID : SA11Al.168548416
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

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) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 561.35

Date of Receipt 02 / 23 / 2026
Transaction ID : SA11Al.168548498
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

C. 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 ▼ 561.35

Date of Receipt 02 / 24 / 2026
Transaction ID : SA11Al.168548495
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 124.70 |
| 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 61 OF 141 |
| | <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. 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 ▼ 561.35

Date of Receipt 02 / 24 / 2026
Transaction ID : SA11Al.168548512
 Amount of Each Receipt this Period 95.00
 Memo Item
 EARMARKED THROUGH WINRED

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) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 561.35

Date of Receipt 02 / 25 / 2026
Transaction ID : SA11Al.168548386
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

C. LUK, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2540 RUBY COURT
 City PISMO BEACH State CA Zip Code 93449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATE OF CALIFORNIA Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.70

Date of Receipt 02 / 25 / 2026
Transaction ID : SA11Al.168548287
 Amount of Each Receipt this Period 10.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 129.70 |
| 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: PAGE 62 OF 141
(check only one)

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

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

A. LUK, EMILY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2540 RUBY COURT

| | | |
|---------------------|-------------|-------------------|
| City PISMO BEACH | State CA | Zip Code 93449 |
|---------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) STATE OF CALIFORNIA | Occupation (for Individual) PHYSICIAN |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.70

Date of Receipt
MM / DD / YYYY
02 / 25 / 2026

Transaction ID : SA11Al.168548288

Amount of Each Receipt this Period
10.00

Memo Item
EARMARKED THROUGH WINRED

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

Mailing Address 2540 RUBY COURT

| | | |
|---------------------|-------------|-------------------|
| City PISMO BEACH | State CA | Zip Code 93449 |
|---------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) STATE OF CALIFORNIA | Occupation (for Individual) PHYSICIAN |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.70

Date of Receipt
MM / DD / YYYY
02 / 25 / 2026

Transaction ID : SA11Al.168548317

Amount of Each Receipt this Period
20.00

Memo Item
EARMARKED THROUGH WINRED

C. LUK, EMILY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2540 RUBY COURT

| | | |
|---------------------|-------------|-------------------|
| City PISMO BEACH | State CA | Zip Code 93449 |
|---------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) STATE OF CALIFORNIA | Occupation (for Individual) PHYSICIAN |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
216.70

Date of Receipt
MM / DD / YYYY
02 / 25 / 2026

Transaction ID : SA11Al.168548318

Amount of Each Receipt this Period
20.00

Memo Item
EARMARKED THROUGH WINRED

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 50.00 |
| 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 141 |
| | <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. LUK, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2540 RUBY COURT

| | | |
|---------------------|-------------|-------------------|
| City PISMO BEACH | State CA | Zip Code 93449 |
|---------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) STATE OF CALIFORNIA | Occupation (for Individual) PHYSICIAN |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2026
Transaction ID : SA11Al.168548319

Amount of Each Receipt this Period
20.00

Memo Item
 EARMARKED THROUGH WINRED

B. LUK, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2540 RUBY COURT

| | | |
|---------------------|-------------|-------------------|
| City PISMO BEACH | State CA | Zip Code 93449 |
|---------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) STATE OF CALIFORNIA | Occupation (for Individual) PHYSICIAN |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2026
Transaction ID : SA11Al.168548389

Amount of Each Receipt this Period
24.70

Memo Item
 EARMARKED THROUGH WINRED

C. LUK, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2540 RUBY COURT

| | | |
|---------------------|-------------|-------------------|
| City PISMO BEACH | State CA | Zip Code 93449 |
|---------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) STATE OF CALIFORNIA | Occupation (for Individual) PHYSICIAN |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
216.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2026
Transaction ID : SA11Al.168548468

Amount of Each Receipt this Period
25.00

Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 69.70 |
| 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: | PAGE 64 OF 141 |
| | (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. 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 ▼ 283.10

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11AI.168548281
 Amount of Each Receipt this Period 9.50
 Memo Item
 EARMARKED THROUGH WINRED

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) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 283.10

Date of Receipt 02 / 21 / 2026
Transaction ID : SA11AI.168548270
 Amount of Each Receipt this Period 9.50
 Memo Item
 EARMARKED THROUGH WINRED

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 ▼ 283.10

Date of Receipt 02 / 22 / 2026
Transaction ID : SA11AI.168548359
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 42.75 |
| 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: | PAGE 65 OF 141 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | |

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. 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 ▼ 283.10

Date of Receipt 02 / 23 / 2026
Transaction ID : SA11Al.168548165
 Amount of Each Receipt this Period 1.90
 Memo Item
 EARMARKED THROUGH WINRED

B. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 609.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548223
 Amount of Each Receipt this Period 5.00
 Memo Item
 EARMARKED THROUGH WINRED

C. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 609.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548224
 Amount of Each Receipt this Period 5.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 11.90 |
| 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: | PAGE 66 OF 141 |
| | (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. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 609.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548457
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

B. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 609.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548499
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

C. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 609.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548500
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 124.70 |
| 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 67 OF 141 |
| | <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. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 609.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548501
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

B. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 609.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548502
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

C. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 609.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548503
 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 68 OF 141 |
| | <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. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 609.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548504
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

B. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 609.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548505
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

C. ROBERTS, OLETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 MOCKING BIRD LN
 City ENID State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 609.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548506
 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 69 OF 141 |
| (check only one) | |
| <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. 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 ▼ 615.95

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548453
 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 ▼ 615.95

Date of Receipt 02 / 21 / 2026
Transaction ID : SA11Al.168548445
 Amount of Each Receipt this Period 24.70
 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 ▼ 615.95

Date of Receipt 02 / 22 / 2026
Transaction ID : SA11Al.168548426
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

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

74.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| | |
|---|------------------------------|
| FOR LINE NUMBER: | PAGE 70 OF 141 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SPALLONE, ARLENE, , ,

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 ▼
204.10

Date of Receipt
02 / 26 / 2026

Transaction ID : SA11AI.168548226

Amount of Each Receipt this Period
6.00

Memo Item
EARMARKED THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SPALLONE, ARLENE, , ,

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 ▼
204.10

Date of Receipt
02 / 26 / 2026

Transaction ID : SA11AI.168548227

Amount of Each Receipt this Period
6.00

Memo Item
EARMARKED THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SPALLONE, ARLENE, , ,

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 ▼
204.10

Date of Receipt
02 / 26 / 2026

Transaction ID : SA11AI.168548228

Amount of Each Receipt this Period
6.00

Memo Item
EARMARKED THROUGH WINRED

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

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

18.00

**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 71 OF 141 |
| | <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. 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 ▼ 204.10

Date of Receipt 02 / 26 / 2026
Transaction ID : SA11AI.168548283
 Amount of Each Receipt this Period 10.00
 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 ▼ 204.10

Date of Receipt 02 / 26 / 2026
Transaction ID : SA11AI.168548331
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

C. SPANN, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6820 RICKWOOD DRIVE
 City PENSACOLA State FL Zip Code 32526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 232.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11AI.168548449
 Amount of Each Receipt this Period 24.70
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 58.45 |
| 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 141 |
| | <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. SPANN, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6820 RICKWOOD DRIVE
 City PENSACOLA State FL Zip Code 32526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548470
 Amount of Each Receipt this Period 25.00
 Memo Item
 EARMARKED THROUGH WINRED

B. SPANN, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6820 RICKWOOD DRIVE
 City PENSACOLA State FL Zip Code 32526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548471
 Amount of Each Receipt this Period 25.00
 Memo Item
 EARMARKED THROUGH WINRED

C. SPANN, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6820 RICKWOOD DRIVE
 City PENSACOLA State FL Zip Code 32526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548472
 Amount of Each Receipt this Period 25.00
 Memo Item
 EARMARKED THROUGH WINRED

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 75.00 |
| 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 141 |
| | <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. SPANN, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6820 RICKWOOD DRIVE
 City PENSACOLA State FL Zip Code 32526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548473
 Amount of Each Receipt this Period 25.00
 Memo Item
 EARMARKED THROUGH WINRED

B. SPANN, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6820 RICKWOOD DRIVE
 City PENSACOLA State FL Zip Code 32526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.40

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548474
 Amount of Each Receipt this Period 25.00
 Memo Item
 EARMARKED THROUGH WINRED

C. YANCEY, JO, ANN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854 RD
 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 ▼ 708.25

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11Al.168548372
 Amount of Each Receipt this Period 23.75
 Memo Item
 EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 73.75
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 74 OF 141 |
| | <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. YANCEY, JO, ANN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854 RD
 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 ▼ 708.25

Date of Receipt 02 / 20 / 2026
Transaction ID : SA11AI.168548490
 Amount of Each Receipt this Period 44.65
 Memo Item
 EARMARKED THROUGH WINRED

B. ZOERB, DALE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 OAKCREST AVE #1
 City ROSEVILLE State MN Zip Code 55113
 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 ▼ 700.00

Date of Receipt 02 / 06 / 2026
Transaction ID : SA11AI.167793883
 Amount of Each Receipt this Period 700.00
 Memo Item

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 744.65 |
| TOTAL This Period (last page this line number only).....▶ | 27425.30 |

**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 141 |
| <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. MARK YORK FOR US SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3500 VICKSBURG LANE N
UNIT 270

| | | |
|------------------|-------------|-------------------|
| City PLYMOUTH | State MN | Zip Code 55447 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00932863

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 12 | / | 2026 |

Transaction ID : SA11C.168092978

Amount of Each Receipt this Period
5000.00

Memo Item

B. ROYCE WHITE FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 5473

| | | |
|-----------------|-------------|-------------------|
| City HOPKINS | State MN | Zip Code 55343 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00850743

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 12 | / | 2026 |

Transaction ID : SA11C.168092979

Amount of Each Receipt this Period
5000.00

Memo Item

C. ROYCE WHITE FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 5473

| | | |
|-----------------|-------------|-------------------|
| City HOPKINS | State MN | Zip Code 55343 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00850743

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 12 | / | 2026 |

Transaction ID : SA11C.168092980

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 15000.00 |
| 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 141 |
| <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. SCHWARZE FOR SENATE

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

Mailing Address PO BOX 8

| | | |
|----------------|-------------|-------------------|
| City SAVAGE | State MN | Zip Code 55378 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00898817

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2026

Transaction ID : SA11C.168092982

Amount of Each Receipt this Period
10000.00

Memo Item

B. TAFOYA FOR SENATE

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

Mailing Address 3500 VICKSBURG LN N
STE 267

| | | |
|------------------|-------------|-------------------|
| City PLYMOUTH | State MN | Zip Code 55447 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00935528

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2026

Transaction ID : SA11C.168003474

Amount of Each Receipt this Period
10000.00

Memo Item

C. WEILER FOR SENATE

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

Mailing Address 11072 BRANCHING HORN

| | | |
|----------------------|-------------|-------------------|
| City EDEN PRAIRIE | State MN | Zip Code 55347 |
|----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00792002

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2026

Transaction ID : SA11C.168092981

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 25000.00 |
| TOTAL This Period (last page this line number only)..... | 40000.00 |

**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 77 OF 141 |
| <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. SEVENTH CONGRESSIONAL DISTRICT REPUBLICAN PARTY OF MINNESOTA

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

Mailing Address 350 ASH AVE W

| | | |
|----------------|-------------|-------------------|
| City HECTOR | State MN | Zip Code 55342 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00380873

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 03 | | 2026 |

Transaction ID : SA12.167711420

Amount of Each Receipt this Period
2500.00

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)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | 2500.00 |

**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 78 OF 141 |
| <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 ▼
200.72

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 02 | | 2026 |

Transaction ID : SA15.168003603

Amount of Each Receipt this Period
45.16

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 ▼
200.72

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 09 | | 2026 |

Transaction ID : SA15.168045102

Amount of Each Receipt this Period
42.46

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 ▼
200.72

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 17 | | 2026 |

Transaction ID : SA15.168170987

Amount of Each Receipt this Period
23.49

Memo Item
VENDOR REFUND: OVERPAYMENT

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 111.11 |
| 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 141 |
| <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 ▼
754.74

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 02 | / | 2026 |

Transaction ID : SA15.168003602

Amount of Each Receipt this Period
28.69

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 ▼
754.74

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 02 | / | 2026 |

Transaction ID : SA15.168003606

Amount of Each Receipt this Period
145.44

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 ▼
754.74

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 09 | / | 2026 |

Transaction ID : SA15.168045097

Amount of Each Receipt this Period
46.07

Memo Item
VENDOR REFUND: OVERPAYMENT

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 220.20 |
| 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 80 OF 141 |
| <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 ▼
754.74

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 09 | / | 2026 |

Transaction ID : SA15.168045098

Amount of Each Receipt this Period
90.33

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 ▼
754.74

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 17 | / | 2026 |

Transaction ID : SA15.168170985

Amount of Each Receipt this Period
4.51

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 ▼
754.74

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 17 | / | 2026 |

Transaction ID : SA15.168170986

Amount of Each Receipt this Period
22.58

Memo Item
VENDOR REFUND: OVERPAYMENT

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 117.42 |
| 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 81 OF 141 |
| <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 ▼
754.74

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 23 | | 2026 |

Transaction ID : SA15.168462978

Amount of Each Receipt this Period
43.95

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 ▼
754.74

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 23 | | 2026 |

Transaction ID : SA15.168462976

Amount of Each Receipt this Period
68.65

Memo Item
VENDOR REFUND: OVERPAYMENT

C. RAISE THE MONEY
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1603 CAPITOL AVE
SUITE 310 WY447

| | | |
|------------------|-------------|-------------------|
| City CHEYENNE | State WY | Zip Code 82001 |
|------------------|-------------|-------------------|

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 ▼
897.97

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 02 | | 2026 |

Transaction ID : SA15.168003607

Amount of Each Receipt this Period
4.50

Memo Item
VENDOR REFUND: OVERPAYMENT

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 117.10 |
| TOTAL This Period (last page this line number only)..... | 565.83 |

**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 02 / 02 / 2026 | |
| Mailing Address PO BOX 524 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.11184 | |
| City ALEXANDRIA | State VA | Zip Code 22313 | Amount of Each Disbursement this Period 91.23 |
| Purpose of Disbursement FUNDRAISING FEES | | Category/Type | 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 02 / 09 / 2026 | |
| Mailing Address PO BOX 524 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.11188 | |
| City ALEXANDRIA | State VA | Zip Code 22313 | Amount of Each Disbursement this Period 24.39 |
| Purpose of Disbursement FUNDRAISING FEES | | Category/Type | 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 02 / 23 / 2026 | |
| Mailing Address 105 E LYON AVE | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.11211 | |
| City LAKE CITY | State MN | Zip Code 55041 | Amount of Each Disbursement this Period 183.75 |
| Purpose of Disbursement BANK FEES | | Category/Type | 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).....▶ | 299.37 |
| 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. CAMPAIGN SIDEKICK

Full Name (Last, First, Middle Initial)
Mailing Address 1712 PIONEER AVE

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 02 / 2026

FEC Identification Number: C
Transaction ID : SB21B.11161
Amount of Each Disbursement this Period: 1500.00

Memo Item

B. CAYO, GARY, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 12916 HIDEAWAY TRAIL

City MINNETONKA State MN Zip Code 55305

Purpose of Disbursement
SECURITY SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 25 / 2026

FEC Identification Number: C
Transaction ID : SB21B.11219
Amount of Each Disbursement this Period: 350.00

Memo Item

C. CHERNEY, STEVE, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 1509 CONNECTICUT DR SE

City LONSDALE State MN Zip Code 55046

Purpose of Disbursement
EVENT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 23 / 2026

FEC Identification Number: C
Transaction ID : SB21B.11207
Amount of Each Disbursement this Period: 75.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1925.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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. DEREK BRIGHAM DESIGN

Mailing Address 10925 55TH AVE N

City
PLYMOUTH

State
MN

Zip Code
55442

Purpose of Disbursement
PRINTING AND DESIGN SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 7 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Transaction ID : SB21B.11222

Amount of Each Disbursement this Period

1475.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 0 | 2 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Transaction ID : SB21B.11184

Amount of Each Disbursement this Period

32.04

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.11196

Amount of Each Disbursement this Period

4.51

Memo Item

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

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

1511.55

**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. ECKLAND & BLANDO LLP

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 27 | | 2026 |

Mailing Address 100 WASHINGTON AVENUE SOUTH
SUITE 1500

City MINNEAPOLIS State MN Zip Code 55401

Purpose of Disbursement
LEGAL CONSULTING

FEC Identification Number

C []

Transaction ID : SB21B.11223
Amount of Each Disbursement this Period

[] 280.00

Memo Item

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. FRANZEN, JASON, , ,

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 23 | | 2026 |

Mailing Address 133 SHADYWOOD LANE

City DELANO State MN Zip Code 55328

Purpose of Disbursement
EVENT CONSULTING

FEC Identification Number

C []

Transaction ID : SB21B.11207
Amount of Each Disbursement this Period

[] 75.00

Memo Item

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. FRONTLINE STRATEGIES LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 17 | | 2026 |

Mailing Address 4 HOLLY LN

City MOHNTON State PA Zip Code 19540

Purpose of Disbursement
FUNDRAISING FEES

FEC Identification Number

C []

Transaction ID : SB21B.11196
Amount of Each Disbursement this Period

[] 0.90

Memo Item

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

[] 355.90

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. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

City MOHNTON

State PA

Zip Code 19540

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 3 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11223

Amount of Each Disbursement this Period

[REDACTED] 66.84

Memo Item

Full Name (Last, First, Middle Initial)

B. GAME FAIR INC

Mailing Address 8404 161ST AVE NW

City RAMSEY

State MN

Zip Code 55303

Purpose of Disbursement
EVENT REGISTRATION FEE

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 | 2 | | 2 | 4 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11210

Amount of Each Disbursement this Period

[REDACTED] 900.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HARCEY, MIKE, , ,

Mailing Address 21720 MEADOW WOOD COURT

City JORDAN

State MN

Zip Code 55352

Purpose of Disbursement
SECURITY SERVICES

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 | 2 | | 2 | 5 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11215

Amount of Each Disbursement this Period

[REDACTED] 350.00

Memo Item

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

[REDACTED] 1316.84

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. HEARTLAND

Mailing Address 616 N BROADWAY AVE

City
OKLAHOMA CITY

State
OK

Zip Code
73102

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 |
| 02 | / | 02 | / | 2026 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11161

Amount of Each Disbursement this Period

[REDACTED] 382.95

Memo Item

Full Name (Last, First, Middle Initial)

B. HERSTAD, TIM, , ,

Mailing Address 4261 WILLARD RD

City
DULUTH

State
MN

Zip Code
55803

Purpose of Disbursement
EVENT CONSULTING

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 |
| 02 | / | 23 | / | 2026 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11207

Amount of Each Disbursement this Period

[REDACTED] 75.00

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

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 |
| 02 | / | 17 | / | 2026 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11194

Amount of Each Disbursement this Period

[REDACTED] 5714.12

Memo Item

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

[REDACTED] 6172.07

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

A. IMPERATOR

Full Name (Last, First, Middle Initial)

Mailing Address 42634 LANCASTER RIDGE TER

City CHANTILLY State VA Zip Code 20152

Purpose of Disbursement FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 02 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11184

Amount of Each Disbursement this Period: 538.53

Memo Item

B. IMPERATOR

Full Name (Last, First, Middle Initial)

Mailing Address 42634 LANCASTER RIDGE TER

City CHANTILLY State VA Zip Code 20152

Purpose of Disbursement FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11188

Amount of Each Disbursement this Period: 554.49

Memo Item

C. IMPERATOR

Full Name (Last, First, Middle Initial)

Mailing Address 42634 LANCASTER RIDGE TER

City CHANTILLY State VA Zip Code 20152

Purpose of Disbursement FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 17 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11196

Amount of Each Disbursement this Period: 554.87

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1647.89

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. LAUNCHPAD STRATEGIES LLC | | Date of Disbursement MM / DD / YYYY 02 / 02 / 2026 | |
| Mailing Address PO BOX 80323 | | | |
| City RALEIGH | State NC | Zip Code 27623 | |
| Purpose of Disbursement FUNDRAISING FEES | | Category/Type <input type="checkbox"/> | |
| Candidate Name | | Amount of Each Disbursement this Period 129.10 | |
| 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: | <input type="checkbox"/> Memo Item | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. LAUNCHPAD STRATEGIES LLC | | Date of Disbursement MM / DD / YYYY 02 / 09 / 2026 | |
| Mailing Address PO BOX 80323 | | | |
| City RALEIGH | State NC | Zip Code 27623 | |
| Purpose of Disbursement FUNDRAISING FEES | | Category/Type <input type="checkbox"/> | |
| Candidate Name | | Amount of Each Disbursement this Period 137.64 | |
| 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: | <input type="checkbox"/> Memo Item | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. LAUNCHPAD STRATEGIES LLC | | Date of Disbursement MM / DD / YYYY 02 / 12 / 2026 | |
| Mailing Address PO BOX 80323 | | | |
| City RALEIGH | State NC | Zip Code 27623 | |
| Purpose of Disbursement DIGITAL CONSULTING | | Category/Type <input type="checkbox"/> | |
| Candidate Name | | Amount of Each Disbursement this Period 10627.72 | |
| 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: | <input type="checkbox"/> Memo Item | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 10894.46 |
| 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. LAUNCHPAD STRATEGIES LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 80323

City RALEIGH State NC Zip Code 27623

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 12 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11192

Amount of Each Disbursement this Period: 10905.83

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: 02 / 17 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11196

Amount of Each Disbursement this Period: 89.94

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: 02 / 23 / 2026

FEC Identification Number: C

Transaction ID : SB21B.1122

Amount of Each Disbursement this Period: 131.44

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11127.21

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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. LP BROKERING LLC

Full Name (Last, First, Middle Initial)

Mailing Address 4040 FAIRFAX DR STE 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: 02 / 02 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11184

Amount of Each Disbursement this Period: 133.72

Memo Item

B. LP BROKERING LLC

Full Name (Last, First, Middle Initial)

Mailing Address 4040 FAIRFAX DR STE 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: 02 / 09 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11188

Amount of Each Disbursement this Period: 32.52

Memo Item

C. LP BROKERING LLC

Full Name (Last, First, Middle Initial)

Mailing Address 4040 FAIRFAX DR STE 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: 02 / 17 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11196

Amount of Each Disbursement this Period: 23.49

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 189.73

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. LP BROKERING LLC

Mailing Address 4040 FAIRFAX DR STE 500

City
ARLINGTON

State
VA

Zip Code
22203

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11196

Amount of Each Disbursement this Period

[REDACTED] 112.68

Memo Item

Full Name (Last, First, Middle Initial)

B. LP BROKERING LLC

Mailing Address 4040 FAIRFAX DR STE 500

City
ARLINGTON

State
VA

Zip Code
22203

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 3 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11223

Amount of Each Disbursement this Period

[REDACTED] 754.45

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:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 0 | 9 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11188

Amount of Each Disbursement this Period

[REDACTED] 1734.83

Memo Item

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

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

[REDACTED] 2601.96

[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. NORTH COUNTRY STRATEGIES LLC

Date of Disbursement: MM / DD / YYYY
02 / 17 / 2026

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 Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

FEC Identification Number: **C** _____
Transaction ID : **SB21B.11196**
Amount of Each Disbursement this Period: 64.59

Memo Item

Full Name (Last, First, Middle Initial)
B. O2M DIGITAL

Date of Disbursement: MM / DD / YYYY
02 / 02 / 2026

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 Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

FEC Identification Number: **C** _____
Transaction ID : **SB21B.11184**
Amount of Each Disbursement this Period: 192.41

Memo Item

Full Name (Last, First, Middle Initial)
C. OLD NATIONAL BANK

Date of Disbursement: MM / DD / YYYY
02 / 18 / 2026

Mailing Address: ONE MAIN ST

City: EVANSVILLE State: IN Zip Code: 47708

Purpose of Disbursement: BANK FEES

Candidate Name: _____

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

State: _____ District: _____

FEC Identification Number: **C** _____
Transaction ID : **SB21B.11237**
Amount of Each Disbursement this Period: 30.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 287.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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. OLYMPIC MEDIA

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 23 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11223

Amount of Each Disbursement this Period: 119.21

Memo Item

B. PAYSIMPLE

Full Name (Last, First, Middle Initial)

Mailing Address 3601 WALNUT ST

City DENVER State CO Zip Code 80205

Purpose of Disbursement MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 02 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11161

Amount of Each Disbursement this Period: 84.95

Memo Item

C. PAYSIMPLE

Full Name (Last, First, Middle Initial)

Mailing Address 3601 WALNUT ST

City DENVER State CO Zip Code 80205

Purpose of Disbursement MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 11 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11184

Amount of Each Disbursement this Period: 89.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 294.11

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. PAYSIMPLE

Full Name (Last, First, Middle Initial)

Mailing Address 3601 WALNUT ST

City DENVER State CO Zip Code 80205

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 20 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11214

Amount of Each Disbursement this Period: 23.50

Memo Item

B. PETERSON, KOLKER, HAEDT & BENDA LTD

Full Name (Last, First, Middle Initial)

Mailing Address 1811 SE BROADWAY AVE

City ALBERT LEA State MN Zip Code 56007

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 09 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11170

Amount of Each Disbursement this Period: 511.50

Memo Item

C. PETERSON, KOLKER, HAEDT & BENDA LTD

Full Name (Last, First, Middle Initial)

Mailing Address 1811 SE BROADWAY AVE

City ALBERT LEA State MN Zip Code 56007

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 09 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11171

Amount of Each Disbursement this Period: 470.25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1005.25

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. RAISE THE MONEY

Mailing Address 16609 CANTRELL RD

City
LITTLE ROCK

State
AR

Zip Code
72223

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 0 | 9 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11177

Amount of Each Disbursement this Period

[REDACTED] 2.70

Memo Item

Full Name (Last, First, Middle Initial)

B. RAISE THE MONEY

Mailing Address 1603 CAPITOL AVE
SUITE 310 WY447

City
CHEYENNE

State
WY

Zip Code
82001

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 0 | 9 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11188

Amount of Each Disbursement this Period

[REDACTED] 21.37

Memo Item

Full Name (Last, First, Middle Initial)

C. RAISE THE MONEY

Mailing Address 16609 CANTRELL RD

City
LITTLE ROCK

State
AR

Zip Code
72223

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 1 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11188

Amount of Each Disbursement this Period

[REDACTED] 5.15

Memo Item

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

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

[REDACTED] 29.22

[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

A. RAISE THE MONEY

Full Name (Last, First, Middle Initial)

Mailing Address 16609 CANTRELL RD

City LITTLE ROCK State AR Zip Code 72223

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 12 / 2026

FEC Identification Number: C
Transaction ID : SB21B.11188
Amount of Each Disbursement this Period: 9.99

Memo Item

B. RAISE THE MONEY

Full Name (Last, First, Middle Initial)

Mailing Address 16609 CANTRELL RD

City LITTLE ROCK State AR Zip Code 72223

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 13 / 2026

FEC Identification Number: C
Transaction ID : SB21B.11192
Amount of Each Disbursement this Period: 7.61

Memo Item

C. RAISE THE MONEY

Full Name (Last, First, Middle Initial)

Mailing Address 16609 CANTRELL RD

City LITTLE ROCK State AR Zip Code 72223

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 17 / 2026

FEC Identification Number: C
Transaction ID : SB21B.11200
Amount of Each Disbursement this Period: 1.23

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9.83

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. RAYMOND, JAY, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 11797 SHADOW TRL DR SW

City BRAINERD State MN Zip Code 56401

Purpose of Disbursement
EVENT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 27 / 2026

FEC Identification Number: C
Transaction ID : SB21B.11222
Amount of Each Disbursement this Period: 75.00

Memo Item

B. ROFIDAL, KEVIN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1321 LAKE DRIVE WEST #317

City CHANHASSEN State MN Zip Code 55317

Purpose of Disbursement
SECURITY SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 25 / 2026

FEC Identification Number: C
Transaction ID : SB21B.11219
Amount of Each Disbursement this Period: 1400.00

Memo Item

C. RUMBLEUP

Full Name (Last, First, Middle Initial)

Mailing Address 2300 CLARENDON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
SMS ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 04 / 2026

FEC Identification Number: C
Transaction ID : SB21B.11164
Amount of Each Disbursement this Period: 108.53

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1583.53

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. RUMBLEUP

Full Name (Last, First, Middle Initial)

Mailing Address 2300 CLARENDON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement SMS ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 27 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11230

Amount of Each Disbursement this Period: 20.62

Memo Item

B. SHOIFY

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 03 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11161

Amount of Each Disbursement this Period: 89.00

Memo Item

C. SHOIFY

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 13 / 2026

FEC Identification Number: C

Transaction ID : SB21B.11237

Amount of Each Disbursement this Period: 1.29

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 110.91

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. SHOPIFY

Full Name (Last, First, Middle Initial)

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
02 / 27 / 2026

FEC Identification Number
C
Transaction ID : SB21B.11230
Amount of Each Disbursement this Period
223.33

Memo Item

B. TAILWINDS POLITICAL, LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 17080

City ARLINGTON State VA Zip Code 22216

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 02 / 2026

FEC Identification Number
C
Transaction ID : SB21B.11184
Amount of Each Disbursement this Period
101.27

Memo Item

C. TAILWINDS POLITICAL, LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 17080

City ARLINGTON State VA Zip Code 22216

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 17 / 2026

FEC Identification Number
C
Transaction ID : SB21B.11196
Amount of Each Disbursement this Period
820.56

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1145.16

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. TAILWINDS POLITICAL, LLC

Date of Disbursement: MM / DD / YYYY
02 / 23 / 2026

Mailing Address: PO BOX 17080

City: ARLINGTON State: VA Zip Code: 22216

Purpose of Disbursement: FUNDRAISING FEES

Candidate Name:

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.11223
Amount of Each Disbursement this Period: 53.29

Memo Item

Full Name (Last, First, Middle Initial)
B. THOLEN, BRIAN, , ,

Date of Disbursement: MM / DD / YYYY
02 / 25 / 2026

Mailing Address: 26175 SHOREWOOD OAKS DRIVE

City: SHOREWOOD State: MN Zip Code: 55331

Purpose of Disbursement: SECURITY SERVICES

Candidate Name:

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.11219
Amount of Each Disbursement this Period: 1100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. TMA DIRECT, INC.

Date of Disbursement: MM / DD / YYYY
02 / 02 / 2026

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
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : SB21B.11184
Amount of Each Disbursement this Period: 134.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1287.89

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. 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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 0 | 9 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Transaction ID : SB21B.11187

Amount of Each Disbursement this Period

66.83

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.11196

Amount of Each Disbursement this Period

18.06

Memo Item

Full Name (Last, First, Middle Initial)

C. WENDLING, KEN, , ,

Mailing Address 547 81ST AVE NE

City
SPRING LAKE PARK

State
MN

Zip Code
55432

Purpose of Disbursement
EVENT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 3 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Transaction ID : SB21B.11207

Amount of Each Disbursement this Period

75.00

Memo Item

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

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

159.89

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 1776 WILSON BLVD

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2026

FEC Identification Number

C
Transaction ID : SB21B.11184
Amount of Each Disbursement this Period
25.95

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2026

FEC Identification Number

C
Transaction ID : SB21B.11184
Amount of Each Disbursement this Period
769.62

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2026

FEC Identification Number

C
Transaction ID : SB21B.11187
Amount of Each Disbursement this Period
737.04

Memo Item

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

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

1532.61

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 1776 WILSON BLVD

City
ARLINGTON

State
VA

Zip Code
22219

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 | 2 | | 1 | 7 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11196

Amount of Each Disbursement this Period

[REDACTED] 615.65

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD

City
ARLINGTON

State
VA

Zip Code
22219

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 | 2 | | 2 | 3 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11223

Amount of Each Disbursement this Period

[REDACTED] 533.13

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

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

[REDACTED] 1148.78

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

[REDACTED] 46636.16

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 105 OF 141 |
| | 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="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="60000.00"/> |

| | | | |
|--|-------|----------|---------------------------|
| 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="60000.00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text" value="60000.00"/> |
| 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="60000.00"/> |

**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 02 / 17 / 2026 | 48496.85 |

BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|----------|
| i) Total Administrative | 48496.85 |
| 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) | 48496.85 |
| 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)..... | 48496.85 |

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 : H4.1122269. ACCELL COURIER SERVICE LLC. Mailing Address 420 SUMMIT AVE. City SAINT PAUL, State MN, Zip Code 55102. Purpose of Disbursement: POSTAGE. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 02/27/2026. Year-To-Date: 61499.06. Summary: FEDERAL SHARE 23.23, NONFEDERAL SHARE 87.39, TOTAL AMOUNT 110.62.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1116013. ACCESS. Mailing Address PO BOX 782998. City PHILADELPHIA, State PA, Zip Code 19178. Purpose of Disbursement: SUBSCRIPTIONS. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 02/04/2026. Year-To-Date: 61580.85. Summary: FEDERAL SHARE 17.18, NONFEDERAL SHARE 64.61, TOTAL AMOUNT 81.79.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121086. ADP. Mailing Address 600 CORPORATE POINTE SUITE 450. City CULVER CITY, State CA, Zip Code 90230. Purpose of Disbursement: NON FEA PAYROLL WITHHOLDINGS. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 02/24/2026. Year-To-Date: 63216.58. Summary: FEDERAL SHARE 343.50, NONFEDERAL SHARE 1292.23, TOTAL AMOUNT 1635.73.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 383.91, 1444.23, 1828.14.

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 : H4.1116498. 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 : H4.1123036. 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 : H4.1119264. 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: 158.18, 595.02, 753.20.

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 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 : H4.1116768 <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 | | | |
| ADP Mailing Address 600 CORPORATE POINTE SUITE 450 | | | Allocated Activity or Event Year-To-Date 69771.83 | | | |
| City CULVER CITY | State CA | Zip Code 90230 | Date <input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2026"/> | | | |
| Purpose of Disbursement: NON FEA PAYROLL TAXES | | <input type="text"/> | Allocated Activity or Event Year-To-Date 69771.83 | | | |
| Activity or Event Identifier: Administrative | | | Date <input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2026"/> | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = | TOTAL AMOUNT |
| <input type="text" value="1218.43"/> | | | <input type="text" value="4583.62"/> | | | <input type="text" value="5802.05"/> |

| | | | | | | |
|--|-------------|----------------------|--|--|---|--------------------------------------|
| B. Full Name (Last, First, Middle Initial) Transaction ID : H4.1121085 <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 | | | |
| ADP Mailing Address 600 CORPORATE POINTE SUITE 450 | | | Allocated Activity or Event Year-To-Date 78288.14 | | | |
| City CULVER CITY | State CA | Zip Code 90230 | Date <input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2026"/> | | | |
| Purpose of Disbursement: NON FEA PAYROLL TAXES | | <input type="text"/> | Allocated Activity or Event Year-To-Date 78288.14 | | | |
| Activity or Event Identifier: Administrative | | | Date <input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2026"/> | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = | TOTAL AMOUNT |
| <input type="text" value="1788.43"/> | | | <input type="text" value="6727.88"/> | | | <input type="text" value="8516.31"/> |

| | | | | | | |
|--|-------------|----------------------|--|--|---|-------------------------------------|
| C. Full Name (Last, First, Middle Initial) Transaction ID : H4.1117709 <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 | | | |
| ADP Mailing Address 600 CORPORATE POINTE SUITE 450 | | | Allocated Activity or Event Year-To-Date 79258.24 | | | |
| City CULVER CITY | State CA | Zip Code 90230 | Date <input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2026"/> | | | |
| Purpose of Disbursement: NON FEA PAYROLL WITHHOLDINGS | | <input type="text"/> | Allocated Activity or Event Year-To-Date 79258.24 | | | |
| Activity or Event Identifier: Administrative | | | Date <input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2026"/> | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = | TOTAL AMOUNT |
| <input type="text" value="203.72"/> | | | <input type="text" value="766.38"/> | | | <input type="text" value="970.10"/> |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|--------------------------------------|---|---------------------------------------|---|---------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="3210.58"/> | | <input type="text" value="12077.88"/> | | <input type="text" value="15288.46"/> |

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

| | | |
|----------------------|----------------------|----------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.1119459 AF GROUP. Mailing Address 200 N GRAND AVE. City LANSING, State MI, Zip Code 48933. Purpose of Disbursement: INSURANCE. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 02/17/2026. Year-To-Date: 79674.74. Summary: FEDERAL SHARE 87.46, NONFEDERAL SHARE 329.04, TOTAL AMOUNT 416.50.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1120018 AMAZON. Mailing Address 440 TERRY AVE NORTH. City SEATTLE, State WA, Zip Code 98109. Purpose of Disbursement: OFFICE SUPPLIES. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 02/18/2026. Year-To-Date: 79685.09. Summary: FEDERAL SHARE 2.17, NONFEDERAL SHARE 8.18, TOTAL AMOUNT 10.35.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121978 AMAZON. Mailing Address 440 TERRY AVE NORTH. City SEATTLE, State WA, Zip Code 98109. Purpose of Disbursement: OFFICE SUPPLIES. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 02/25/2026. Year-To-Date: 79733.03. Summary: FEDERAL SHARE 10.07, NONFEDERAL SHARE 37.87, TOTAL AMOUNT 47.94.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 99.70, 375.09, 474.79.

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 : H4.1117095. 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 : H4.1117095.1. 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 : H4.1117357. 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 (534.84), NONFEDERAL SHARE (2012.01), TOTAL AMOUNT (2546.85).

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 : H4.1121089
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
Date 02/23/2026
FEDERAL SHARE 134.46 + NONFEDERAL SHARE 505.83 = TOTAL AMOUNT 640.29

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1118808
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
Date 02/12/2026
FEDERAL SHARE 71.46 + NONFEDERAL SHARE 268.83 = TOTAL AMOUNT 340.29

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1117388
COMCAST
Mailing Address 1701 JFK BLVD
City PHILADELPHIA State PA Zip Code 19103
Purpose of Disbursement: CABLE/INTERNET
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Date 02/09/2026
FEDERAL SHARE 49.17 + NONFEDERAL SHARE 184.95 = TOTAL AMOUNT 234.12

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 255.09, 959.61, 1214.70

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 : H4.1121976
COMCAST
Mailing Address 1701 JFK BLVD
City PHILADELPHIA State PA Zip Code 19103
Purpose of Disbursement: CABLE/INTERNET
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 83828.90
Date: 02/25/2026
FEDERAL SHARE: 70.21 NONFEDERAL SHARE: 264.11 TOTAL AMOUNT: 334.32

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.1117386
DELTA DENTAL
Mailing Address P.O. BOX 103
City STEVENS POINT State WI Zip Code 54481
Purpose of Disbursement: INSURANCE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 83978.11
Date: 02/06/2026
FEDERAL SHARE: 31.33 NONFEDERAL SHARE: 117.88 TOTAL AMOUNT: 149.21

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.1115039
DICK'S SANITATION INC.
Mailing Address 8984 215TH ST W
City LAKEVILLE State MN Zip Code 55044
Purpose of Disbursement: OFFICE MAINTENANCE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 84118.51
Date: 02/02/2026
FEDERAL SHARE: 29.48 NONFEDERAL SHARE: 110.92 TOTAL AMOUNT: 140.40

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 131.02, 492.91, 623.93

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 : H4.1117354. 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 : H4.1117354.1. 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 : H4.1117354.3. 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 336.44, NONFEDERAL SHARE 1265.67, TOTAL AMOUNT 1602.11

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 : H4.1121087
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: [X] Administrative [] Fundraising [] Exempt
[] Voter Drive [] Direct Candidate Support
[] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date: 87562.85
Date: 02 / 23 / 2026
FEDERAL SHARE: 386.87 NONFEDERAL SHARE: 1455.36 TOTAL AMOUNT: 1842.23

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1116497
DOMINOS
Mailing Address 30 FRANK LLOYD WRIGHT DRIVE
City ANN ARBOR State MI Zip Code 48105
Purpose of Disbursement: TRAVEL: FOOD
Activity or Event Identifier: Administrative
Allocated Activity or Event: [X] Administrative [] Fundraising [] Exempt
[] Voter Drive [] Direct Candidate Support
[] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date: 87617.95
Date: 02 / 04 / 2026
FEDERAL SHARE: 11.57 NONFEDERAL SHARE: 43.53 TOTAL AMOUNT: 55.10

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121069
FIRST INSURANCE FUNDING
Mailing Address 450 SKOKIE BLVD SUITE 1000
City NORTHBROOK State IL Zip Code 60062
Purpose of Disbursement: INSURANCE
Activity or Event Identifier: Administrative
Allocated Activity or Event: [X] Administrative [] Fundraising [] Exempt
[] Voter Drive [] Direct Candidate Support
[] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date: 88328.05
Date: 02 / 23 / 2026
FEDERAL SHARE: 149.12 NONFEDERAL SHARE: 560.98 TOTAL AMOUNT: 710.10

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 547.56, 2059.87, 2607.43

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: [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 : H4.1115334
GOOGLE
Mailing Address 1600 AMPHITHEATRE PARKWAY
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: 88900.86
Date: 02 / 02 / 2026
FEDERAL SHARE: 120.29 NONFEDERAL SHARE: 452.52 TOTAL AMOUNT: 572.81

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1117359
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: 89900.86
Date: 02 / 05 / 2026
FEDERAL SHARE: 210.00 NONFEDERAL SHARE: 790.00 TOTAL AMOUNT: 1000.00

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121090
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: 90980.86
Date: 02 / 23 / 2026
FEDERAL SHARE: 226.80 NONFEDERAL SHARE: 853.20 TOTAL AMOUNT: 1080.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 557.09, 2095.72, 2652.81

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 : H4.1120329. 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: 91093.86. Date: 02/19/2026. Summary: FEDERAL SHARE 23.73, NONFEDERAL SHARE 89.27, TOTAL AMOUNT 113.00.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1122320. 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: 91263.70. Date: 02/26/2026. Summary: FEDERAL SHARE 35.67, NONFEDERAL SHARE 134.17, TOTAL AMOUNT 169.84.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1119265. 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: 91504.71. Date: 02/13/2026. Summary: FEDERAL SHARE 50.61, NONFEDERAL SHARE 190.40, TOTAL AMOUNT 241.01.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 110.01, 413.84, 523.85.

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 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 : H4.1116146. 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. Date 02/02/2026. Year-To-Date: 91548.20. Summary: FEDERAL SHARE 9.13, NONFEDERAL SHARE 34.36, TOTAL AMOUNT 43.49.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1116493. 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. Date 02/04/2026. Year-To-Date: 91596.48. Summary: FEDERAL SHARE 10.14, NONFEDERAL SHARE 38.14, TOTAL AMOUNT 48.28.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1117710. 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. Date 02/09/2026. Year-To-Date: 91646.49. Summary: FEDERAL SHARE 10.50, NONFEDERAL SHARE 39.51, TOTAL AMOUNT 50.01.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 29.77, 112.01, 141.78.

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: INSTACART. Transaction ID: H4.1116495. Mailing Address: 50 BEALE ST, SAN FRANCISCO, CA 94105. Purpose: OFFICE SUPPLIES. Date: 02/04/2026. Total Amount: 50.61.

Form B: MARCO TECHNOLOGIES INC. Transaction ID: H4.1117010. Mailing Address: 4510 HEATHERWOOD RD, SAINT CLOUD, MN 56301. Purpose: IT SERVICES. Date: 02/09/2026. Total Amount: 536.62.

Form C: MICROSOFT. Transaction ID: H4.1121977. Mailing Address: 1 MICROSOFT WAY, REDMOND, WA 98052. Purpose: SUBSCRIPTIONS. Date: 02/25/2026. Total Amount: 14.15.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 126.29, 475.09, 601.38.

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: (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 : H4.1119621** Memo Item

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

NETWORK SOLUTIONS
Mailing Address 13861 SUNRISE VALLEY DR
STE 300

City HERNDON State VA Zip Code 20171

Purpose of Disbursement: WEB HOSTING

Activity or Event Identifier: Administrative

Allocated Activity or Event Year-To-Date: 92259.86

Date: 02 / 17 / 2026

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2.52 | | 9.47 | | 11.99 |

B. Full Name (Last, First, Middle Initial) **Transaction ID : H4.1116763** Memo Item

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

NETWORK SOLUTIONS
Mailing Address 13861 SUNRISE VALLEY DR
STE 300

City HERNDON State VA Zip Code 20171

Purpose of Disbursement: WEB HOSTING

Activity or Event Identifier: Administrative

Allocated Activity or Event Year-To-Date: 92275.10

Date: 02 / 05 / 2026

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3.20 | | 12.04 | | 15.24 |

C. Full Name (Last, First, Middle Initial) **Transaction ID : H4.1120749** Memo Item

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

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 Year-To-Date: 95486.23

Date: 02 / 23 / 2026

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 674.34 | | 2536.79 | | 3211.13 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 680.06 | | 2558.30 | | 3238.36 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.1116979
PADDLE.COM INC
Mailing Address 28 LIBERTY STREET
City NEW YORK State NY Zip Code 10005
Purpose of Disbursement: SUBSCRIPTIONS
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 95503.84
Date: 02 / 06 / 2026
FEDERAL SHARE: 3.70 NONFEDERAL SHARE: 13.91 TOTAL AMOUNT: 17.61

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1117355
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: 96085.70
Date: 02 / 05 / 2026
FEDERAL SHARE: 122.19 NONFEDERAL SHARE: 459.67 TOTAL AMOUNT: 581.86

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121088
PASCOE, DAVID, P,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL & REIMBURSEMENT: SEE I
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 96823.56
Date: 02 / 23 / 2026
FEDERAL SHARE: 154.95 NONFEDERAL SHARE: 582.91 TOTAL AMOUNT: 737.86

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 280.84, 1056.49, 1337.33

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 : H4.1121088.2
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: 96823.56
Date: 02 / 23 / 2026
FEDERAL SHARE: 122.19 NONFEDERAL SHARE: 459.67 TOTAL AMOUNT: 581.86

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121088.3
USPS
Mailing Address 475 LENFANT PLAZA SW
City WASHINGTON State DC Zip Code 20260
Purpose of Disbursement: POSTAGE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 96823.56
Date: 02 / 09 / 2026
FEDERAL SHARE: 32.76 NONFEDERAL SHARE: 123.24 TOTAL AMOUNT: 156.00

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1117369
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: 99973.69
Date: 02 / 05 / 2026
FEDERAL SHARE: 661.53 NONFEDERAL SHARE: 2488.60 TOTAL AMOUNT: 3150.13

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 661.53, 2488.60, 3150.13

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 : H4.1121096. PLECHASH, ALEX, , , Mailing Address 7400 METRO BLVD STE 424. City MINNEAPOLIS State MN Zip Code 55439. Purpose of Disbursement: NON FEA PAYROLL & REIMBURSEMENT: SEE I. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 02/23/2026. FEDERAL SHARE 1921.88, NONFEDERAL SHARE 7229.95, TOTAL AMOUNT 9151.83.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121096.5. BENEDICT'S MORNING HEROES. Mailing Address 845 LAKE ST E. City WAYZATA State MN Zip Code 55426. Purpose of Disbursement: TRAVEL: FOOD. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 01/13/2026. FEDERAL SHARE 9.27, NONFEDERAL SHARE 34.89, TOTAL AMOUNT 44.16.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121096.6. DELTA AIRLINES. Mailing Address 1030 DELTA BOULEVARD. City HAPEVILLE State GA Zip Code 30354. Purpose of Disbursement: TRAVEL: AIR. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 11/20/2025. FEDERAL SHARE 143.30, NONFEDERAL SHARE 539.07, TOTAL AMOUNT 682.37.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1921.88, 7229.95, 9151.83.

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 : H4.1121096.8
HILTON WORLDWIDE
Mailing Address 7930 JONES BRANCH DR SUITE 1100
City MCLEAN State VA Zip Code 22102
Purpose of Disbursement: TRAVEL: LODGING
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 109125.52
Date: 01 / 20 / 2026
FEDERAL SHARE: 277.18 NONFEDERAL SHARE: 1042.74 TOTAL AMOUNT: 1319.92

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121096.7
HILTON WORLDWIDE
Mailing Address 7930 JONES BRANCH DR SUITE 1100
City MCLEAN State VA Zip Code 22102
Purpose of Disbursement: TRAVEL: FOOD
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 109125.52
Date: 01 / 09 / 2026
FEDERAL SHARE: 8.40 NONFEDERAL SHARE: 31.60 TOTAL AMOUNT: 40.00

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121096.9
HILTON WORLDWIDE
Mailing Address 7930 JONES BRANCH DR SUITE 1100
City MCLEAN State VA Zip Code 22102
Purpose of Disbursement: TRAVEL: FOOD
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 109125.52
Date: 01 / 24 / 2026
FEDERAL SHARE: 14.18 NONFEDERAL SHARE: 53.33 TOTAL AMOUNT: 67.51

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121096.10
JIMMY JOHNS
Mailing Address 2212 FOX DR
City CHAMPAIGN State IL Zip Code 61820
Purpose of Disbursement: TRAVEL: FOOD
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 109125.52
Date: 01 / 15 / 2026
FEDERAL SHARE: 32.43 NONFEDERAL SHARE: 122.00 TOTAL AMOUNT: 154.43

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121096.11
MSP AIRPORT PARKING
Mailing Address 4300 GLUMACK DRIVE
City ST PAUL State MN Zip Code 55111
Purpose of Disbursement: PARKING EXPENSE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 109125.52
Date: 01 / 20 / 2026
FEDERAL SHARE: 21.65 NONFEDERAL SHARE: 81.45 TOTAL AMOUNT: 103.10

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121096.12
OFFICE DEPOT
Mailing Address 6600 N MILITARY TRL
City BOCA RATON State FL Zip Code 33496
Purpose of Disbursement: OFFICE SUPPLIES
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 109125.52
Date: 01 / 09 / 2026
FEDERAL SHARE: 21.03 NONFEDERAL SHARE: 79.13 TOTAL AMOUNT: 100.16

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121096.2. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and a summary table for FEDERAL SHARE, NONFEDERAL SHARE, and TOTAL AMOUNT.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121096.1. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and a summary table for FEDERAL SHARE, NONFEDERAL SHARE, and TOTAL AMOUNT.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121096.4. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and a summary table for FEDERAL SHARE, NONFEDERAL SHARE, and TOTAL AMOUNT.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for SUBTOTAL showing FEDERAL SHARE (0.00), NONFEDERAL SHARE (0.00), and TOTAL AMOUNT (0.00).

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

Summary table for TOTAL showing 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: THE HOTEL LANDING. Transaction ID: H4.1121096.13. Mailing Address: 925 LAKE ST E, WAYZATA, MN 55391. Purpose: TRAVEL: LODGING. Date: 12/29/2025. Total Amount: 326.78.

Form B: UBER. Transaction ID: H4.1121096.15. Mailing Address: 1455 MARKET ST 4TH FLOOR, SAN FRANCISCO, CA 94103. Purpose: TRAVEL: GROUND TRANSPORTATION. Date: 01/20/2026. Total Amount: 16.94.

Form C: UBER. Transaction ID: H4.1121096.16. Mailing Address: 1455 MARKET ST 4TH FLOOR, SAN FRANCISCO, CA 94103. Purpose: TRAVEL: GROUND TRANSPORTATION. Date: 01/24/2026. Total Amount: 38.33.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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

Form A: UBER Transaction ID: H4.1121096.14. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (TRAVEL: GROUND TRANSPORTATION), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (01/20/2026), and a summary table showing Federal Share (16.63), NonFederal Share (62.58), and Total Amount (79.21).

Form B: WILDFIRE Transaction ID: H4.1121096.17. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (TRAVEL: FOOD), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (01/08/2026), and a summary table showing Federal Share (12.08), NonFederal Share (45.46), and Total Amount (57.54).

Form C: SANGOMA TECHNOLOGIES, CO. Transaction ID: H4.1116990. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (MOBILE PHONE EXPENSE), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (02/06/2026), and a summary table showing Federal Share (63.52), NonFederal Share (238.95), and Total Amount (302.47).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (63.52) + NONFEDERAL SHARE (238.95) = TOTAL AMOUNT (302.47)

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 : H4.1121092. 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 : H4.1117362. 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 : H4.1120748. 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: 550.51, 2070.97, 2621.48.

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 currently blank.

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 : H4.1121091 THE ROUEN GROUP. 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 : H4.1121091.1 DELTA AIRLINES. 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 : H4.1121091.2 DELTA AIRLINES. 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 with columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 2286.97, 8603.34, 10890.31.

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 with columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 2286.97, 8603.34, 10890.31.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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

Form A: EAST BEACH TACOS, Transaction ID: H4.1121091.3, Administrative, Date: 01/21/2026, Total Amount: 25.95

Form B: FIRST CLASS CONCESSIONS, Transaction ID: H4.1121091.4, Administrative, Date: 01/23/2026, Total Amount: 16.62

Form C: GRANATO'S GOURMET MARKET, Transaction ID: H4.1121091.5, Administrative, Date: 01/23/2026, Total Amount: 13.12

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121091.6. 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 : H4.1121091.7. 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 : H4.1121091.9. 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: 0.00, 0.00, 0.00.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121091.8 Memo Item
HILTON WORLDWIDE
Mailing Address 7930 JONES BRANCH DR SUITE 1100
City MCLEAN State VA Zip Code 22102
Purpose of Disbursement: TRAVEL: FOOD
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 122939.78
Date: 01 / 21 / 2026
FEDERAL SHARE: 2.06 NONFEDERAL SHARE: 7.77 TOTAL AMOUNT: 9.83

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121091.10 Memo Item
HUGO COFFEE ROASTERS
Mailing Address 210 S 400 E
City SALT LAKE CITY State UT Zip Code 84111
Purpose of Disbursement: TRAVEL: FOOD
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 122939.78
Date: 01 / 23 / 2026
FEDERAL SHARE: 0.84 NONFEDERAL SHARE: 3.15 TOTAL AMOUNT: 3.99

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121091.11 Memo Item
JIMMY JOHNS
Mailing Address 2212 FOX DR
City CHAMPAIGN State IL Zip Code 61820
Purpose of Disbursement: TRAVEL: FOOD
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 122939.78
Date: 01 / 23 / 2026
FEDERAL SHARE: 2.23 NONFEDERAL SHARE: 8.38 TOTAL AMOUNT: 10.61

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.1121091.13
THE ROUEN GROUP
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55408
Purpose of Disbursement: COMMUNICATIONS CONSULTING & TRAVEL EXP
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 122939.78
Date 02 / 23 / 2026
FEDERAL SHARE 1744.62 + NONFEDERAL SHARE 6563.08 = TOTAL AMOUNT 8307.70

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.1117360
THE ROUEN GROUP
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55408
Purpose of Disbursement: COMMUNICATIONS CONSULTING & TRAVEL EXP
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 127093.63
Date 02 / 05 / 2026
FEDERAL SHARE 872.31 + NONFEDERAL SHARE 3281.54 = TOTAL AMOUNT 4153.85

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.1115333
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 127193.63
Date 02 / 02 / 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: 893.31, 3360.54, 4253.85

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 : H4.1116147
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: 127293.63
Date: 02 / 02 / 2026
FEDERAL SHARE: 21.00 NONFEDERAL SHARE: 79.00 TOTAL AMOUNT: 100.00

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1117387
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: 127393.63
Date: 02 / 06 / 2026
FEDERAL SHARE: 21.00 NONFEDERAL SHARE: 79.00 TOTAL AMOUNT: 100.00

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1122318
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: 127493.63
Date: 02 / 26 / 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: 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 : H4.1115335
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: 127993.63
Date: 02 / 02 / 2026
FEDERAL SHARE: 105.00 NONFEDERAL SHARE: 395.00 TOTAL AMOUNT: 500.00

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1118180
USPS
Mailing Address 475 LENFANT PLAZA SW
City WASHINGTON State DC Zip Code 20260
Purpose of Disbursement: POSTAGE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 128993.63
Date: 02 / 11 / 2026
FEDERAL SHARE: 210.00 NONFEDERAL SHARE: 790.00 TOTAL AMOUNT: 1000.00

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121093
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: 130047.48
Date: 02 / 23 / 2026
FEDERAL SHARE: 221.31 NONFEDERAL SHARE: 832.54 TOTAL AMOUNT: 1053.85

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 536.31, 2017.54, 2553.85

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 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 : H4.1117364
VAN GUILDER, GRETA, , ,
Mailing Address 7400 METRO BLVD STE 424
City MINNEAPOLIS State MN Zip Code 55439
Purpose of Disbursement: NON FEA PAYROLL & TRAVEL: MILEAGE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 131294.46
Date 02 / 05 / 2026
FEDERAL SHARE 261.87 + NONFEDERAL SHARE 985.11 = TOTAL AMOUNT 1246.98

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1117366
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 133629.55
Date 02 / 05 / 2026
FEDERAL SHARE 490.37 + NONFEDERAL SHARE 1844.72 = TOTAL AMOUNT 2335.09

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121094
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 135964.66
Date 02 / 23 / 2026
FEDERAL SHARE 490.37 + NONFEDERAL SHARE 1844.74 = TOTAL AMOUNT 2335.11

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1242.61, 4674.57, 5917.18

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 : H4.1117367. Memo Item. Allocated Activity or Event: Administrative, Fundraising, Exempt, Voter Drive, Direct Candidate Support, Public Comm. Allocated Activity or Event Year-To-Date: 137813.05. Date: 02/05/2026. FEDERAL SHARE: 388.16, NONFEDERAL SHARE: 1460.23, TOTAL AMOUNT: 1848.39.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1117367.3. Memo Item. Allocated Activity or Event: Administrative, Fundraising, Exempt, Voter Drive, Direct Candidate Support, Public Comm. Allocated Activity or Event Year-To-Date: 137813.05. Date: 02/05/2026. FEDERAL SHARE: 10.50, NONFEDERAL SHARE: 39.50, TOTAL AMOUNT: 50.00.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1117367.1. Memo Item. Allocated Activity or Event: Administrative, Fundraising, Exempt, Voter Drive, Direct Candidate Support, Public Comm. Allocated Activity or Event Year-To-Date: 137813.05. Date: 02/05/2026. FEDERAL SHARE: 377.66, NONFEDERAL SHARE: 1420.73, TOTAL AMOUNT: 1798.39.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 388.16, 1460.23, 1848.39.

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 : H4.1121095. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement (NON FEA PAYROLL), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (02/23/2026), and a summary table showing FEDERAL SHARE (425.08), NONFEDERAL SHARE (1599.13), and TOTAL AMOUNT (2024.21).

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121095.1. 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 (02/14/2026), and a summary table showing FEDERAL SHARE (42.00), NONFEDERAL SHARE (158.00), and TOTAL AMOUNT (200.00).

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1121095.4. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement (NON FEA PAYROLL), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (02/23/2026), and a summary table showing FEDERAL SHARE (377.66), NONFEDERAL SHARE (1420.74), and TOTAL AMOUNT (1798.40).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (425.08) + NONFEDERAL SHARE (1599.13) = TOTAL AMOUNT (2024.21)

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.

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 : H4.1121095.2
WARZECHA, COLBY, L,
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 139837.26
Date 02 / 06 / 2026
FEDERAL SHARE 5.42 + NONFEDERAL SHARE 20.39 = TOTAL AMOUNT 25.81

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.1116152
WASTE CONNECTION
Mailing Address 761 MN HWY 45
City CLOQUET State MN Zip Code 55720
Purpose of Disbursement: OFFICE MAINTENANCE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 139977.66
Date 02 / 03 / 2026
FEDERAL SHARE 29.48 + NONFEDERAL SHARE 110.92 = TOTAL AMOUNT 140.40

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.1122265
XCEL ENERGY
Mailing Address P.O. BOX 4176
City CAROL STREAM State IL Zip Code 60197
Purpose of Disbursement: UTILITIES
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 140125.14
Date 02 / 27 / 2026
FEDERAL SHARE 30.97 + NONFEDERAL SHARE 116.51 = TOTAL AMOUNT 147.48

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 60.45, 227.43, 287.88

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 : H4.1116015
XCEL ENERGY
Mailing Address P.O. BOX 4176
City CAROL STREAM State IL Zip Code 60197
Purpose of Disbursement: UTILITIES
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 140497.59
Date 02 / 04 / 2026
FEDERAL SHARE 78.21 + NONFEDERAL SHARE 294.24 = TOTAL AMOUNT 372.45

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.1119481
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 140590.20
Date 02 / 18 / 2026
FEDERAL SHARE 19.45 + NONFEDERAL SHARE 73.16 = TOTAL AMOUNT 92.61

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: 97.66, 367.40, 465.06

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: 16632.37, 62569.39, 79201.76