

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 322
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Elizabeth Garmer		Date of Receipt
	Mailing Address 7863 N Club Cir		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Milwaukee	WI	53217-2940
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: 90921.C717631
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="500.00"/>
Receipt			

<b>B.</b>	Full Name (Last, First, Middle Initial) Fred Gassaway		Date of Receipt
	Mailing Address 101 N Main St # B		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hinesville	GA	31313-3215
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: 90921.C717233
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="500.00"/>
Receipt			

<b>C.</b>	Full Name (Last, First, Middle Initial) Lawrence Gelman		Date of Receipt
	Mailing Address 3900 Sundown Dr		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	McAllen	TX	78503-1367
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Mcallen Anesthesia Co		Occupation PHYSICIAN	Transaction ID: 90921.C715687
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="500.00"/>
Receipt			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>