

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Republican Party of Minnesota - Federal

ADDRESS (number and street)

525 Park Street

Suite 250

Check if different than previously reported. (ACC)

Saint Paul

MN

55103-2145

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C C00001313

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period

02 / 01 / 2012 through 02 / 29 / 2012

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

Type or Print Name of Treasurer Bron Scherer

Signature of Treasurer

Bron Scherer

[Electronically Filed]

Date

11 / 07 / 2012

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Republican Party of Minnesota - Federal**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		-43781.38
(b) Cash on Hand at Beginning of Reporting Period.....	-8107.72	
(c) Total Receipts (from Line 19) .....	143602.45	312886.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	135494.73	269104.7
7. Total Disbursements (from Line 31).....	142552.08	276162.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	-7057.35	-7057.35
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	951669.67	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	55405.6	100619.6
(ii) Unitemized .....	69594.22	128454.93
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	124999.82	229074.53
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	5260	33639.8
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	130259.82	262714.33
12. Transfers From Affiliated/Other Party Committees.....	5000	24551
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	524.76	873.12
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	7817.87	24747.63
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	7817.87	24747.63
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	143602.45	312886.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	135784.58	288138.45

**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 .....	8865.54	25000.81
(ii) Non-Federal Share.....	15760.97	44445.89
(b) Other Federal Operating Expenditures .....	52549.18	80468.2
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	77175.69	149914.9
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	3557.84	7180.29
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	1750
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	1750
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	61818.55	117316.86
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	61818.55	117316.86
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	142552.08	276162.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	126791.11	231716.16

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	130259.82	262714.33
34. Total Contribution Refunds (from Line 28(d)) .....	0	1750
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	130259.82	260964.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	61414.72	105469.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	524.76	873.12
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	60889.96	104595.89

**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 114  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A. Paul Gazelka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10545 Gilbert Shores Drive  
 City Brainerd State MN Zip Code 56401-5224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State of MN State Senator  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **290**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 22 / 2012**  
**Transaction ID : SA11AI108205873688c**  
 Amount of Each Receipt this Period  
**250**

**B. Scott Cottington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1151 Orchard Circle  
 City Saint Paul State MN Zip Code 55118-4146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cottington Martin Owner  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 10 / 2012**  
**Transaction ID : SA11AI10844872827c**  
 Amount of Each Receipt this Period  
**250**

**C. Jeffrey Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4620 Minnesota Lane N  
 City Minneapolis State MN Zip Code 55446-2160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hennepin County Commissioner  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1141.4**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 15 / 2012**  
**Transaction ID : SA11AI144576874004i**  
 Amount of Each Receipt this Period  
**1126.4**  
 In-Kind:SEE BELOW: Inkind Travel Expen

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1626.40**  
**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 7 OF 114
	<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. Carlton Gustafson**  
Full Name (Last, First, Middle Initial)

Mailing Address 74745 410th Street

City Bird Island State MN Zip Code 55310-2070

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

Name of Employer Mertec LLC Occupation Laborer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 13 / 2012**

**Transaction ID : SA11AI147319872971c**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 4305 Trillium Way

City Minnetrista State MN Zip Code 55364-7708

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

Name of Employer Kahr and Associates Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 10 / 2012**

**Transaction ID : SA11AI164828872826c**

Amount of Each Receipt this Period  
**100**

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

Mailing Address 1721 Logan Avenue S

City Minneapolis State MN Zip Code 55403-2842

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 23 / 2012**

**Transaction ID : SA11AI17076873755c**

Amount of Each Receipt this Period  
**500**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 114
<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. Mary Kiffmeyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 16160 201st Avenue NW

City Big Lake	State MN	Zip Code 55309-9222
------------------	-------------	------------------------

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

Name of Employer State of MN	Occupation State Representative
---------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11AI175939873157c**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 6401 Indian Hills Road

City Edina	State MN	Zip Code 55439-1133
---------------	-------------	------------------------

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

Name of Employer Frauenshuh Const	Occupation Owner
--------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2012**

**Transaction ID : SA11AI176426874610c**

Amount of Each Receipt this Period  
**10000**

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

Mailing Address 1310 Adams Avenue  
Apt. 309

City Fairmont	State MN	Zip Code 56031-4483
------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 24 / 2012**

**Transaction ID : SA11AI176885873858c**

Amount of Each Receipt this Period  
**100**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>10350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Irene Tyson</b>		Date of Receipt
Mailing Address 1310 Adams Avenue Apt. 309		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Fairmont	State MN	Zip Code 56031-4483
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI176885873902c</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="250"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="350"/>	

Full Name (Last, First, Middle Initial) <b>B. Robbie Burkhart</b>		Date of Receipt
Mailing Address 26370 Arbor Creek Lane		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City Excelsior	State MN	Zip Code 55331-4532
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI182351873805c</b>
Name of Employer Blue Rock Advisors		Amount of Each Receipt this Period
Occupation Analyst		<input type="text" value="5000"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="5000"/>	

Full Name (Last, First, Middle Initial) <b>C. Roberts Mars</b>		Date of Receipt
Mailing Address 4114 London Road		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Duluth	State MN	Zip Code 55804-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI185836874594c</b>
Name of Employer None		Amount of Each Receipt this Period
Occupation Retired		<input type="text" value="250"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (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 114
	<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. Richard Theilmann**  
Full Name (Last, First, Middle Initial)

Mailing Address 2430 Winter Circle

City Wayzata State MN Zip Code 55391-2420

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

Name of Employer UBS Financial Services Occupation Investment Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 14 / 2012**

**Transaction ID : SA11AI185841873044c**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 4354 Fawn Lake Drive

City Stacy State MN Zip Code 55079-9547

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2012**

**Transaction ID : SA11AI186981874596c**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 852 Sudberry Lane

City Saint Paul State MN Zip Code 55123-1938

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1530**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11AI192676873159c**

Amount of Each Receipt this Period  
**1530**

Earmarked through Blue Cross Blue Shield of Minnesota.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3030.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Blue Cross Blue Shield of Minnesota**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 64338  
 City Saint Paul State MN Zip Code 55164-0338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1530

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI192676873159c.e**  
 Amount of Each Receipt this Period  
 1530  
**[MEMO ITEM]**  
 Earmarked-Original Details. Total Earmarked via this conduit: \$1530. PAC limit not affected.

**B. Michael Kaess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4541 Majestic Oaks Place  
 City Eagan State MN Zip Code 55123-3077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UPS Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2012  
**Transaction ID : SA11AI19896873629c**  
 Amount of Each Receipt this Period  
 84

**C. Mary Igo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 Western Avenue N Apt. 210  
 City Saint Paul State MN Zip Code 55102-4633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MN Gastroenterology CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI199459873217c**  
 Amount of Each Receipt this Period  
 1000

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1084.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Anderson</b>			Date of Receipt MM / DD / YYYY 02 / 01 / 2012 <b>Transaction ID : SA11AI210409874002i</b>
Mailing Address 5 Apple Orchard Court			Amount of Each Receipt this Period 1101.96
City Dellwood	State MN	Zip Code 55110-1200	In-Kind:SEE BELOW: Inkind Travel Expen
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested	Aggregate Year-to-Date ▼ 1101.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Kathleen Hosch</b>			Date of Receipt MM / DD / YYYY 02 / 03 / 2012 <b>Transaction ID : SA11AI219721872364c</b>
Mailing Address 3313 139th Lane NW			Amount of Each Receipt this Period 250
City Andover	State MN	Zip Code 55304-7535	
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation RETIRED	Aggregate Year-to-Date ▼ 250	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Kurt Zellers</b>			Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI222278873158c</b>
Mailing Address 9433 Minnesota Lane N			Amount of Each Receipt this Period 250
City Maple Grove	State MN	Zip Code 55369-4446	
FEC ID number of contributing federal political committee. C			
Name of Employer State of MN	Occupation Speaker of the House	Aggregate Year-to-Date ▼ 250	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1601.96
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. John Kieffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3793 Village Court  
 City Woodbury State MN Zip Code 55125-9365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested  
 Occupation Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI22328873212c**  
 Amount of Each Receipt this Period  
 250

**B. Erin Lundquist**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5477 Rowland Road  
 City Minnetonka State MN Zip Code 55343-4398  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested  
 Occupation Attorney-Account Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : SA11AI22395873347c**  
 Amount of Each Receipt this Period  
 250

**C. Katie Nadeau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24702 109th Avenue N  
 City Rogers State MN Zip Code 55374-5710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested  
 Occupation Operations Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 386

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : SA11AI223146874609c**  
 Amount of Each Receipt this Period  
 168

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	668.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 114
	<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**

Full Name (Last, First, Middle Initial)  
**A. Russell Mace**

Mailing Address 9327 Wedgewood Drive

City Woodbury State MN Zip Code 55125-9303

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

Name of Employer Johnson Supply Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **9995**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 10 / 2012**

**Transaction ID : SA11AI224525872830c**

Amount of Each Receipt this Period  
**9995**

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

Mailing Address 4446 Jack Pine Trail N

City Lake Elmo State MN Zip Code 55042-9522

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

Name of Employer State of MN Occupation State Senator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11AI227379873216c**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 11221 Radisson Drive

City Burnsville State MN Zip Code 55337-1122

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 08 / 2012**

**Transaction ID : SA11AI-2623-872598-c**

Amount of Each Receipt this Period  
**250**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>10495.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 114
	<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. Sandra Frauenshuh**  
Full Name (Last, First, Middle Initial)

Mailing Address 6401 Indian Hills Road

City Minneapolis State MN Zip Code 55439-1133

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

Name of Employer None Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000

Date of Receipt  
02 / 29 / 2012  
**Transaction ID : SA11AI43422874612c**

Amount of Each Receipt this Period  
10000

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

Mailing Address 11333 Sundance Way

City Woodbury State MN Zip Code 55129-5301

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

Name of Employer Republican Party of MN Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1195.24

Date of Receipt  
02 / 01 / 2012  
**Transaction ID : SA11AI462028874001i**

Amount of Each Receipt this Period  
1195.24

In-Kind:SEE BELOW: Travel

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

Mailing Address 2703 Woods Trl S PO BOX 911

City Burnsville State MN Zip Code 55337

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250

Date of Receipt  
02 / 02 / 2012  
**Transaction ID : SA11AI470017872279c**

Amount of Each Receipt this Period  
250

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11445.24

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

**SCHEDULE A (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 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Bryan Pedersen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4510 40 1/2 Avenue N  
City Robbinsdale State MN Zip Code 55422-2201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 17 / 2012  
**Transaction ID : SA11AI471395873470c**  
Amount of Each Receipt this Period  
250

**B. Jeannine Rivet**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4305 Trillium Way  
City Minnetrista State MN Zip Code 55364-7708  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United Healthcare Group Occupation Executive Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2012  
**Transaction ID : SA11AI472255874254c**  
Amount of Each Receipt this Period  
1000

**C. Timothy Buffham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13000 June Terrace  
City Hopkins State MN Zip Code 55305-2740  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Self Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 16 / 2012  
**Transaction ID : SA11AI485253873346c**  
Amount of Each Receipt this Period  
250

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 114
	<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

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. Gretchen Hoffman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32038 Loon Trail  
City Vergas State MN Zip Code 56587-9402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation State of MN State Senator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **1015**

Date of Receipt **02 / 15 / 2012**  
**Transaction ID : SA11AI496933873213c**  
Amount of Each Receipt this Period **1000**

**B. Donn Barber**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3908 Richfield Road  
City Minneapolis State MN Zip Code 55410-1223  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation None RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **250**

Date of Receipt **02 / 24 / 2012**  
**Transaction ID : SA11AI-5695-873887-c**  
Amount of Each Receipt this Period **250**

**C. Christopher Kauffman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10660 Prairie Lane  
City Hanover State MN Zip Code 55341-4066  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation K-mfg Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **1000**

Date of Receipt **02 / 15 / 2012**  
**Transaction ID : SA11AI57015873211c**  
Amount of Each Receipt this Period **1000**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 114  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 33 S 6th Street  
Suite 4400

City State Zip Code  
Minneapolis MN 55402-3710

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2012  
**Transaction ID : SA11AI61701874286c**

Amount of Each Receipt this Period  
500

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

Mailing Address 2868 W River Parkway

City State Zip Code  
Minneapolis MN 55406-1841

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

Name of Employer Occupation  
None RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2012  
**Transaction ID : SA11AI62495873980c**

Amount of Each Receipt this Period  
250

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

Mailing Address 14195 Hayes Road

City State Zip Code  
Apple Valley MN 55124-6737

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

Name of Employer Occupation  
None RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2012  
**Transaction ID : SA11AI-7984-872482-c**

Amount of Each Receipt this Period  
20

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 770.00

**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 114
<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. Harold Shudlick**  
Full Name (Last, First, Middle Initial)

Mailing Address 14195 Hayes Road

City Apple Valley State MN Zip Code 55124-6737

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11AI-7984-873210-c**

Amount of Each Receipt this Period  
**85**

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

Mailing Address 243 S Beach Road

City Hobe Sound State FL Zip Code 33455-2512

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

Name of Employer None Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 27 / 2012**

**Transaction ID : SA11AI-8293-874154-c**

Amount of Each Receipt this Period  
**400**

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

Mailing Address 48646 277th Avenue

City Staples State MN Zip Code 56479-4052

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2012**

**Transaction ID : SA11AI-9259-874595-c**

Amount of Each Receipt this Period  
**250**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>735.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 140 S Brown Road

City Long Lake State MN Zip Code 55356-9134

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

Name of Employer Dain Rauscher And Wessels Occupation BANKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2012

**Transaction ID : SA11AI-9562-873458-c**

Amount of Each Receipt this Period  
 500

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

Mailing Address 339 Mount Curve Boulevard

City Saint Paul State MN Zip Code 55105-1217

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

Name of Employer Efe, Inc. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012

**Transaction ID : SA11AI-9890-873689-c**

Amount of Each Receipt this Period  
 3000

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	55405.60

**SCHEDULE A (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 114
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Freedom and Security PAC**

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00437061

Name of Employer Y Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000

Date of Receipt  
02 / 20 / 2012  
**Transaction ID : SA11C459292873559c**

Amount of Each Receipt this Period  
5000

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

Mailing Address 1905 Manor Drive

City Burnsville State MN Zip Code 55337-2031

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260

Date of Receipt  
02 / 15 / 2012  
**Transaction ID : SA11C471072873155c**

Amount of Each Receipt this Period  
250

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

Mailing Address 1905 Manor Drive

City Burnsville State MN Zip Code 55337-2031

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260

Date of Receipt  
02 / 15 / 2012  
**Transaction ID : SA11C471072873156c**

Amount of Each Receipt this Period  
10

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5260.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5260.00

**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 114  
(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 (Last, First, Middle Initial)  
**Kline For Congress**

Mailing Address 101 W Burnsville Parkway  
 Suite 104

City Burnsville State MN Zip Code 55337-2571

FEC ID number of contributing federal political committee. **C** C00326629

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2012

**Transaction ID : SA12-425366-873558-c**

Amount of Each Receipt this Period  
 5000

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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 23 OF 114
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Receipt
Mailing Address 1210 Northland Drive Suite 100		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Saint Paul	State MN	Zip Code 55120-1181
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA15-418908-875393-e</b>
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="197.27"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="329.07"/>	Vendor Refund

Full Name (Last, First, Middle Initial) <b>B. Ryan Griffin</b>		Date of Receipt
Mailing Address 741 5th Street E		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Saint Paul	State MN	Zip Code 55106-5114
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA15-494921-875339-e</b>
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="327.49"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="327.49"/>	NOTE: Cobra Payment

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="524.76"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="524.76"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Staples Business Advantage**

Mailing Address PO Box 9368

City Framingham State MA Zip Code 01701-9368

Purpose of Disbursement  
Party Office Supplies

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 14 / 2012

Transaction ID : SB21B408914876913e

Amount of Each Disbursement this Period

144.83

Full Name (Last, First, Middle Initial)

**B. US Post Office**

Mailing Address 401 Kellogg Boulevard E

City Saint Paul State MN Zip Code 55101-1427

Purpose of Disbursement  
Postages

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2012

Transaction ID : SB21B428494873983e

Amount of Each Disbursement this Period

225

Full Name (Last, First, Middle Initial)

**C. US Post Office**

Mailing Address 401 Kellogg Boulevard E

City Saint Paul State MN Zip Code 55101-1427

Purpose of Disbursement  
Party Fundraising Postage/Non-FEA

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2012

Transaction ID : SB21B428494873996e

Amount of Each Disbursement this Period

225

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

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

594.83



**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Aristotle International, Inc.**

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
FEC Reporting Software

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B407595872721e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ameriprise Financial Services, Inc.**

Mailing Address 70205 Ameriprise Financial Center

City Minneapolis State MN Zip Code 55474-0702

Purpose of Disbursement  
Employee IRA Contribution

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B425552872980e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ameriprise Financial Services, Inc.**

Mailing Address 70205 Ameriprise Financial Center

City Minneapolis State MN Zip Code 55474-0702

Purpose of Disbursement  
Employee IRA Contribution

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B425552872977e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. US Post Office**

Mailing Address 401 Kellogg Boulevard E

City State Zip Code  
Saint Paul MN 55101-1427

Purpose of Disbursement  
Bulk Mailing Postage/Non-FEA

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B428494873985e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. United States Treasury**

Mailing Address 1500 Pennsylvania Avenue NW

City State Zip Code  
Washington DC 20229-0003

Purpose of Disbursement  
Civil Penalty

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B456534873986e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. US Post Office**

Mailing Address 401 Kellogg Boulevard E

City State Zip Code  
Saint Paul MN 55101-1427

Purpose of Disbursement  
Postages

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B428494874005e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
Anderson - Inkind: Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2

**Transaction ID : SB21B443633847722V**

Amount of Each Disbursement this Period

4	3	6	.	1
---	---	---	---	---

**[MEMO ITEM]**

Subitemization of Patricia Anderson ( 02/01/12 )

Full Name (Last, First, Middle Initial)

**B. Hyatt Regency - New Orleans Superdome**

Mailing Address 601 Loyola Avenue

City New Orleans State LA Zip Code 70113-3100

Purpose of Disbursement  
Anderson - Inkind: Lodging

Candidate Name

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1	2		3	4	5		6	7	8	9	0	1

**Transaction ID : SB21B472077847724V**

Amount of Each Disbursement this Period

5	9	1	.	8	6
---	---	---	---	---	---

**[MEMO ITEM]**

Subitemization of Patricia Anderson ( 02/01/12 )

Full Name (Last, First, Middle Initial)

**C. Patricia Anderson**

Mailing Address 5 Apple Orchard Court

City Dellwood State MN Zip Code 55110-1200

Purpose of Disbursement  
Inkind: SEE BELOW: Inkind Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2	3		4	5	6		7	8	9	0	1	2

**Transaction ID : SB21B210409874002i**

Amount of Each Disbursement this Period

1	1	0	.	1	9	6
---	---	---	---	---	---	---

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

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

1	1	0	.	1	9	6
---	---	---	---	---	---	---

1	1	0	.	1	9	6
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 1210 Northland Drive  
Suite 100

City Saint Paul State MN Zip Code 55120-1181

Purpose of Disbursement  
Payroll Processing Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2012

Transaction ID : **SB21B418908876560e**

Amount of Each Disbursement this Period

1202.19

Full Name (Last, First, Middle Initial)

**B. Ameriprise Financial Services, Inc.**

Mailing Address 70205 Ameriprise Financial Center

City Minneapolis State MN Zip Code 55474-0702

Purpose of Disbursement  
Employee IRA Contribution

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2012

Transaction ID : **SB21B425552872982e**

Amount of Each Disbursement this Period

1000.62

Full Name (Last, First, Middle Initial)

**C. Paysimple Inc.**

Mailing Address 1433 17th Street  
Suite 300

City Houston State TX Zip Code 77070

Purpose of Disbursement  
Credit Card Processing Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2012

Transaction ID : **SB21B419131876561e**

Amount of Each Disbursement this Period

40.9

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

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

2243.71

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Auto-owners Insurance**

Mailing Address 161 Saint Anthony Avenue  
Suite 950

City Saint Paul State MN Zip Code 55103-2341

Purpose of Disbursement  
Workers Comp Insurance

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2012

Transaction ID : **SB21B399730873994e**

Amount of Each Disbursement this Period

408.05

Full Name (Last, First, Middle Initial)

**B. Ameriprise Financial Services, Inc.**

Mailing Address 70205 Ameriprise Financial Center

City Minneapolis State MN Zip Code 55474-0702

Purpose of Disbursement  
Employee IRA Contribution

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2012

Transaction ID : **SB21B425552872978e**

Amount of Each Disbursement this Period

1000.62

Full Name (Last, First, Middle Initial)

**C. Ameriprise Financial Services, Inc.**

Mailing Address 70205 Ameriprise Financial Center

City Minneapolis State MN Zip Code 55474-0702

Purpose of Disbursement  
Employee IRA Contribution

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2012

Transaction ID : **SB21B425552872975e**

Amount of Each Disbursement this Period

1000.62

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

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

2409.29

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
Johnson - Inkind: Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 10 / 2012

**Transaction ID : SB21B443633847725V**

Amount of Each Disbursement this Period

619.4

**[MEMO ITEM]**

Subitemization of Jeffrey Johnson ( 02/15/12 )

Full Name (Last, First, Middle Initial)

**B. Hyatt Regency - New Orleans Superdome**

Mailing Address 601 Loyola Avenue

City New Orleans State LA Zip Code 70113-3100

Purpose of Disbursement  
Johnson - Inkind: Lodging

Candidate Name

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2012

**Transaction ID : SB21B472077847726V**

Amount of Each Disbursement this Period

507

**[MEMO ITEM]**

Subitemization of Jeffrey Johnson ( 02/15/12 )

Full Name (Last, First, Middle Initial)

**C. Jeffrey Johnson**

Mailing Address 4620 Minnesota Lane N

City Minneapolis State MN Zip Code 55446-2160

Purpose of Disbursement  
Inkind: SEE BELOW: Inkind Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

**Transaction ID : SB21B144576874004i**

Amount of Each Disbursement this Period

1126.4

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

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

1126.40

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Alliance Bank**

Mailing Address 444 Cedar Street

City State Zip Code  
Saint Paul MN 55101-2179

Purpose of Disbursement  
Employee HSA Payment

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B400292874003e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. US Post Office**

Mailing Address 401 Kellogg Boulevard E

City State Zip Code  
Saint Paul MN 55101-1427

Purpose of Disbursement  
Bulk Mailing Postages

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B428494874000e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. US Post Office**

Mailing Address 401 Kellogg Boulevard E

City State Zip Code  
Saint Paul MN 55101-1427

Purpose of Disbursement  
Party Fundraising Postage/Non-FEA

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B428494873999e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ameriprise Financial Services, Inc.**

Mailing Address 70205 Ameriprise Financial Center

City Minneapolis State MN Zip Code 55474-0702

Purpose of Disbursement  
Employee IRA Contribution

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2012

Transaction ID : **SB21B425552872983e**

Amount of Each Disbursement this Period

1000.62

Full Name (Last, First, Middle Initial)

**B. American Express Financial**

Mailing Address P.O Box 5167

City Westborough State MA Zip Code 01581

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2012

Transaction ID : **SB21B402817876565e**

Amount of Each Disbursement this Period

490.44

Full Name (Last, First, Middle Initial)

**C. US Post Office**

Mailing Address 401 Kellogg Boulevard E

City Saint Paul State MN Zip Code 55101-1427

Purpose of Disbursement  
Caucus Mailing Postage

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2012

Transaction ID : **SB21B428494873984e**

Amount of Each Disbursement this Period

69.85

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

1560.91

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Aristotle International, Inc.**

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
FEC Reporting Software

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2012

Transaction ID : **SB21B407595871937e**

Amount of Each Disbursement this Period

125

Full Name (Last, First, Middle Initial)

**B. MN Dept of Revenue**

Mailing Address 658 Cedar Street  
Suite 400

City Saint Paul State MN Zip Code 55155-1603

Purpose of Disbursement  
Sales Tax

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2012

Transaction ID : **SB21B421278875394e**

Amount of Each Disbursement this Period

286

Full Name (Last, First, Middle Initial)

**C. Election Mail Technology**

Mailing Address 1101 Pennsylvania Avenue NW  
Floor 6

City Washington State DC Zip Code 20004-2544

Purpose of Disbursement  
Online Fundraising Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2012

Transaction ID : **SB21B427662876570e**

Amount of Each Disbursement this Period

1890

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

2301.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. US Post Office**

Mailing Address 401 Kellogg Boulevard E

City State Zip Code  
Saint Paul MN 55101-1427

Purpose of Disbursement  
Fundraising Postage/Non-FEA

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B428494873988e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ameriprise Financial Services, Inc.**

Mailing Address 70205 Ameriprise Financial Center

City State Zip Code  
Minneapolis MN 55474-0702

Purpose of Disbursement  
Employee IRA Contribution

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B425552872984e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. US Post Office**

Mailing Address 401 Kellogg Boulevard E

City State Zip Code  
Saint Paul MN 55101-1427

Purpose of Disbursement  
Party Fundraising Postage/Non-FEA

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B428494873998e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Paysimple Inc.**

Mailing Address 1433 17th Street  
Suite 300

City Houston State TX Zip Code 77070

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2012

Transaction ID : SB21B419131876564e

Amount of Each Disbursement this Period

3.36

Full Name (Last, First, Middle Initial)

**B. Staples Business Advantage**

Mailing Address PO Box 9368

City Framingham State MA Zip Code 01701-9368

Purpose of Disbursement  
Party Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2012

Transaction ID : SB21B408914868660e

Amount of Each Disbursement this Period

360.54

Full Name (Last, First, Middle Initial)

**C. US Post Office**

Mailing Address 401 Kellogg Boulevard E

City Saint Paul State MN Zip Code 55101-1427

Purpose of Disbursement  
Party Fundraising Postage/Non-FEA

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2012

Transaction ID : SB21B428494873990e

Amount of Each Disbursement this Period

225

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

588.90

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. American Express Financial**

Mailing Address P.O Box 5167

City State Zip Code  
Westborough MA 01581

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B402817873992e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ameriprise Financial Services, Inc.**

Mailing Address 70205 Ameriprise Financial Center

City State Zip Code  
Minneapolis MN 55474-0702

Purpose of Disbursement  
Employee IRA Contribution

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B425552872981e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Cardmember Services**

Mailing Address PO Box 790408

City State Zip Code  
Saint Louis MO 63179-0408

Purpose of Disbursement  
Statement Copy Request Fees

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B416853876569e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Alliance Bank**

Mailing Address 444 Cedar Street

City State Zip Code  
Saint Paul MN 55101-2179

Purpose of Disbursement  
Interest Payment on Loan

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B400292877033e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paysimple Inc.**

Mailing Address 1433 17th Street  
Suite 300

City State Zip Code  
Houston TX 77070

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B419131873995e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ameriprise Financial Services, Inc.**

Mailing Address 70205 Ameriprise Financial Center

City State Zip Code  
Minneapolis MN 55474-0702

Purpose of Disbursement  
Employee IRA Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B425552872985e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. US Post Office**

Mailing Address 401 Kellogg Boulevard E

City State Zip Code  
Saint Paul MN 55101-1427

Purpose of Disbursement  
Party Fundraising Postage/Non-FEA

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2012

Transaction ID : **SB21B428494874006e**

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

**B. Direct Mail Systems**

Mailing Address 12450 Automobile Boulevard

City State Zip Code  
Clearwater FL 33762-4427

Purpose of Disbursement  
Party Direct Mailing

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2012

Transaction ID : **SB21B400181873991e**

Amount of Each Disbursement this Period

6870

Full Name (Last, First, Middle Initial)

**C. Election Mail Technology**

Mailing Address 1101 Pennsylvania Avenue NW  
Floor 6

City State Zip Code  
Washington DC 20004-2544

Purpose of Disbursement  
Online Fundraising Fees

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2012

Transaction ID : **SB21B427662876562e**

Amount of Each Disbursement this Period

38.35

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

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

7408.35

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ameriprise Financial Services, Inc.**

Mailing Address 70205 Ameriprise Financial Center

City Minneapolis State MN Zip Code 55474-0702

Purpose of Disbursement  
Employee IRA Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B425552872979e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Expedia, Inc**

Mailing Address 1234 Box St

City St Paul State MN Zip Code 55103

Purpose of Disbursement  
Fenton - Inkind: Airfare

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

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

Date of Disbursement

/  /

**Transaction ID : SB21B407381847719V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Kelly Fenton ( 02/01/12 )

Full Name (Last, First, Middle Initial)

**C. W New Orleans Hotel**

Mailing Address 333 Poydras Street

City New Orleans State LA Zip Code 70130-3215

Purpose of Disbursement  
Fenton - Inkind: Lodging

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

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

Date of Disbursement

/  /

**Transaction ID : SB21B472074847721V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Kelly Fenton ( 02/01/12 )

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kelly Fenton**

Mailing Address 11333 Sundance Way

City Woodbury State MN Zip Code 55129-5301

Purpose of Disbursement  
Inkind: SEE BELOW: Travel

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

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

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2012

**Transaction ID : SB21B462028874001i**

Amount of Each Disbursement this Period

1195.24

Full Name (Last, First, Middle Initial)

**B. Alliance Bank**

Mailing Address 444 Cedar Street

City Saint Paul State MN Zip Code 55101-2179

Purpose of Disbursement  
Service Analysis Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : SB21B400292876563e**

Amount of Each Disbursement this Period

460.06

Full Name (Last, First, Middle Initial)

**C. Ameriprise Financial Services, Inc.**

Mailing Address 70205 Ameriprise Financial Center

City Minneapolis State MN Zip Code 55474-0702

Purpose of Disbursement  
Employee IRA Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2012

**Transaction ID : SB21B425552872126e**

Amount of Each Disbursement this Period

1000.62

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

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

2655.92



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Republican Party of Minnesota - Federal**

Full Name (Last, First, Middle Initial)

**A. Ameriprise Financial Services, Inc.**

Mailing Address 70205 Ameriprise Financial Center

City Minneapolis State MN Zip Code 55474-0702

Purpose of Disbursement  
Employee IRA Contribution

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2012

**Transaction ID : SB21B425552872976e**

Amount of Each Disbursement this Period

1000.62

Full Name (Last, First, Middle Initial)

**B. Minneapolis Hilton**

Mailing Address 1001 Marquette Avenue

City Minneapolis State MN Zip Code 55403-2418

Purpose of Disbursement  
Fundraising Event Catering Deposit/Non-Candidate

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2012

**Transaction ID : SB21B403410876911e**

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

**C. Election Mall Technology**

Mailing Address 1101 Pennsylvania Avenue NW  
Floor 6

City Washington State DC Zip Code 20004-2544

Purpose of Disbursement  
Online Fundraising Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2012

**Transaction ID : SB21B427662876566e**

Amount of Each Disbursement this Period

11.83

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

3012.45

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Staples Business Advantage

Mailing Address PO Box 9368

City Framingham State MA Zip Code 01701-9368

Purpose of Disbursement  
Party Office Supplies

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2012

Transaction ID : SB21B408914876912e

Amount of Each Disbursement this Period

280.67
--------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

280.67
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52449.04
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Republican National Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2012

Mailing Address 310 1st Street SE

**Transaction ID : SB22-475935-847732-V**

City Washington State DC Zip Code 20003-1885

Amount of Each Disbursement this Period

165
-----

Purpose of Disbursement  
Fenton - Inkind: Registration Fees

--

**[MEMO ITEM]**

Subitemization of Kelly Fenton ( 02/01/12 )

Candidate Name

**Republican National Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

0.00
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0.00
------

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Alliance Bank

Mailing Address 444 Cedar Street

City Saint Paul State MN Zip Code 55101-2179

Purpose of Disbursement  
Loan Repayment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2012

Transaction ID : SB26-400292-79-R

Amount of Each Disbursement this Period

3557.84
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3557.84
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3557.84
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. William Milbach**

Mailing Address 1438 Pascal Street N

City State Zip Code  
Saint Paul MN 55108-2437

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 24 / 2012

Transaction ID : **SB30b172986874226e**

Amount of Each Disbursement this Period

1213.8

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address 43251 PO Box

City State Zip Code  
Ogden UT 84201-0001

Purpose of Disbursement  
FEA PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 01 / 2012

Transaction ID : **SB30b402470873192e**

Amount of Each Disbursement this Period

5380.58

Full Name (Last, First, Middle Initial)

**C. Loland Crocket**

Mailing Address 1164 Mackubin Street  
Apt. 208

City State Zip Code  
Saint Paul MN 55117-4744

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

Transaction ID : **SB30b455216874017e**

Amount of Each Disbursement this Period

410.24

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

7004.62

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Joel Chavez**

Mailing Address 475 Dayton Avenue  
Apt. 1

City Saint Paul State MN Zip Code 55102-4528

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

Transaction ID : **SB30b173618874016e**

Amount of Each Disbursement this Period

96.38

Full Name (Last, First, Middle Initial)

**B. Christian Darouni**

Mailing Address 758 Reaney Avenue

City Saint Paul State MN Zip Code 55106-4442

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

Transaction ID : **SB30b176787874019e**

Amount of Each Disbursement this Period

1229.42

Full Name (Last, First, Middle Initial)

**C. Suzanne Scholljegerdes**

Mailing Address 803 Weeks Ave NE

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

Transaction ID : **SB30b456191874185e**

Amount of Each Disbursement this Period

637.65

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

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

1963.45

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Brittany D. Leahy**

Mailing Address 591 Bay Street

City State Zip Code  
Saint Paul MN 55102-3903

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

**Transaction ID : SB30b227027874168e**

Amount of Each Disbursement this Period

271.85

Full Name (Last, First, Middle Initial)

**B. Michael Wright**

Mailing Address 2477 Indian Way

City State Zip Code  
Saint Paul MN 55109-1613

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

**Transaction ID : SB30b173236874183e**

Amount of Each Disbursement this Period

317.21

Full Name (Last, First, Middle Initial)

**C. Carol Mason**

Mailing Address 1835 Maryland Avenue S

City State Zip Code  
Saint Louis Park MN 55426-2025

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 24 / 2012

**Transaction ID : SB30b-75864-874223-e**

Amount of Each Disbursement this Period

294.44

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

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

883.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Francis Dana Payne III**

Mailing Address 1314 Marquette Avenue  
Apt. 605

City Minneapolis State MN Zip Code 55403-4119

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30b476812874228e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address 43251 PO Box

City Ogden State UT Zip Code 84201-0001

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30b402470874009e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. William Hastreiter**

Mailing Address 580 Grand Avenue  
Apt. 2

City Saint Paul State MN Zip Code 55102-2687

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30b222320874162e**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Stephanie Highley**

Mailing Address 782 Geranium Avenue E

City State Zip Code  
Saint Paul MN 55106-2534

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

**Transaction ID : SB30b455989874164e**

Amount of Each Disbursement this Period

232.99

Full Name (Last, First, Middle Initial)

**B. Joseph Bauman**

Mailing Address 435 University Avenue E

City State Zip Code  
Saint Paul MN 55130-4437

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 24 / 2012

**Transaction ID : SB30b463485874205e**

Amount of Each Disbursement this Period

195.73

Full Name (Last, First, Middle Initial)

**C. Nicholas Lynch**

Mailing Address 2245 Ariel Street N

City State Zip Code  
Saint Paul MN 55109-2855

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

**Transaction ID : SB30b175626874169e**

Amount of Each Disbursement this Period

174.48

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

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

603.20

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Troy Hilderbrand**

Mailing Address 1827 Laurel Avenue

City State Zip Code  
Saint Paul MN 55104-6017

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2012

Transaction ID : **SB30b178759874217e**

Amount of Each Disbursement this Period

302.21

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Tyler Eason**

Mailing Address 2201 Girard Avenue N

City State Zip Code  
Minneapolis MN 55411-2548

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2012

Transaction ID : **SB30b463484874210e**

Amount of Each Disbursement this Period

134.2

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. MN Dept of Revenue**

Mailing Address 658 Cedar Street  
Suite 400

City State Zip Code  
Saint Paul MN 55155-1603

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2012

Transaction ID : **SB30b421278874011e**

Amount of Each Disbursement this Period

722.38

Category/  
Type

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

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

1158.79

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Jeannette Manning**

Mailing Address 749 Ottawa Avenue

City State Zip Code  
Saint Paul MN 55107-2560

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 24 / 2012

**Transaction ID : SB30b214385874222e**

Amount of Each Disbursement this Period

416.53

Full Name (Last, First, Middle Initial)

**B. Shari Vig**

Mailing Address 1555 Case Avenue

City State Zip Code  
Saint Paul MN 55106-3603

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 10 / 2012

**Transaction ID : SB30b227149874181e**

Amount of Each Disbursement this Period

158.6

Full Name (Last, First, Middle Initial)

**C. Shawn Ricks**

Mailing Address 1871 7th Street E  
Apt. 6

City State Zip Code  
Saint Paul MN 55119-4850

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 24 / 2012

**Transaction ID : SB30b175468874230e**

Amount of Each Disbursement this Period

333.39

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

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

908.52

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Geoffrey Wood**

Mailing Address 948 Iglehart Avenue

City State Zip Code  
Saint Paul MN 55104-5426

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	10	/	2012

Transaction ID : SB30b456373874182e

Amount of Each Disbursement this Period

66.47
-------

Full Name (Last, First, Middle Initial)

**B. Crystal Gardner**

Mailing Address 591 Bay Street

City State Zip Code  
Saint Paul MN 55102-3903

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	10	/	2012

Transaction ID : SB30b223561874021e

Amount of Each Disbursement this Period

206.14
--------

Full Name (Last, First, Middle Initial)

**C. Joseph Bauman**

Mailing Address 435 University Avenue E

City State Zip Code  
Saint Paul MN 55130-4437

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	10	/	2012

Transaction ID : SB30b463485874015e

Amount of Each Disbursement this Period

286.96
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

559.57
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**TOTAL** This Period (last page this line number only)..... ▶

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. John Nelson

Mailing Address 685 Maryland Avenue E  
Apt. 1

City Saint Paul State MN Zip Code 55106-2524

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2012

Transaction ID : SB30b456372874174e

Amount of Each Disbursement this Period

177.07

### B. Brittany D. Leahy

Mailing Address 591 Bay Street

City Saint Paul State MN Zip Code 55102-3903

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2012

Transaction ID : SB30b227027874220e

Amount of Each Disbursement this Period

293.06

### C. Heather Rubash

Mailing Address 501 Waconia Parkway N  
Apt. 306

City Waconia State MN Zip Code 55387-1091

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2012

Transaction ID : SB30b172840874242e

Amount of Each Disbursement this Period

1189.9

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

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

1660.03

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address 43251 PO Box

City Ogdden State UT Zip Code 84201-0001

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2012

Transaction ID : **SB30b402470874196e**

Amount of Each Disbursement this Period

5039.83

Full Name (Last, First, Middle Initial)

**B. Sarah Hansen-Jones**

Mailing Address 505 Hoyt Avenue E

City Saint Paul State MN Zip Code 55130-3016

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2012

Transaction ID : **SB30b173067874213e**

Amount of Each Disbursement this Period

291.13

Full Name (Last, First, Middle Initial)

**C. Great Lakes**

Mailing Address 2401 International Lane

City Madison State WI Zip Code 53704-3121

Purpose of Disbursement  
Garnishments

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 10 / 2012

Transaction ID : **SB30b452967847729V**

Amount of Each Disbursement this Period

58.33

**[MEMO ITEM]**  
Subitemization of Paychex ( 02/10/12 )

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

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

5330.96

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MN Child Support Center**

Mailing Address PO Box 64306

City State Zip Code  
Saint Paul MN 55164-0306

Purpose of Disbursement  
Garnishments - MN Child Support

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

Transaction ID : **SB30b421261847727V**

Amount of Each Disbursement this Period

1702.04

**[MEMO ITEM]**

Subitemization of Paychex ( 02/10/12 )

Full Name (Last, First, Middle Initial)

**B. Wi Spt Collections Trust Fund**

Mailing Address 74400 PO Box

City State Zip Code  
Milwaukee WI 53274-0001

Purpose of Disbursement  
Garnishments - WI Spt Collections

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

Transaction ID : **SB30b423457847728V**

Amount of Each Disbursement this Period

108.59

**[MEMO ITEM]**

Subitemization of Paychex ( 02/10/12 )

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 1210 Northland Drive  
Suite 100

City State Zip Code  
Saint Paul MN 55120-1181

Purpose of Disbursement  
SEE BELOW: Garnishments

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

Transaction ID : **SB30b418908874007e**

Amount of Each Disbursement this Period

1868.96

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

1868.96

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Troy Hilderbrand**

Mailing Address 1827 Laurel Avenue

City State Zip Code  
Saint Paul MN 55104-6017

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 10 / 2012

**Transaction ID : SB30b178759874165e**

Amount of Each Disbursement this Period

427.07

Full Name (Last, First, Middle Initial)

**B. Stephanie Highley**

Mailing Address 782 Geranium Avenue E

City State Zip Code  
Saint Paul MN 55106-2534

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 24 / 2012

**Transaction ID : SB30b455989874216e**

Amount of Each Disbursement this Period

279.89

Full Name (Last, First, Middle Initial)

**C. Jeannette Manning**

Mailing Address 749 Ottawa Avenue

City State Zip Code  
Saint Paul MN 55107-2560

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 10 / 2012

**Transaction ID : SB30b214385874170e**

Amount of Each Disbursement this Period

501.25

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

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

1208.21



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Thomas Hoffman**

Mailing Address 6051 Courtly Alcove

City Woodbury State MN Zip Code 55125-1932

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2012

**Transaction ID : SB30b193841874218e**

Amount of Each Disbursement this Period

315.69

Full Name (Last, First, Middle Initial)

**B. Jacob Schommer**

Mailing Address 792 Juno Avenue

City Saint Paul State MN Zip Code 55102-3822

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2012

**Transaction ID : SB30b174096874232e**

Amount of Each Disbursement this Period

448.69

Full Name (Last, First, Middle Initial)

**C. Geoffrey Wood**

Mailing Address 948 Iglehart Avenue

City Saint Paul State MN Zip Code 55104-5426

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2012

**Transaction ID : SB30b456373874235e**

Amount of Each Disbursement this Period

98.61

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

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

862.99

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Heidi Babler

Mailing Address 685 Maryland Avenue E

City State Zip Code  
Saint Paul MN 55106-2524

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	10	/	2012

Transaction ID : SB30b463486874014e

Amount of Each Disbursement this Period

220.77
--------

Full Name (Last, First, Middle Initial)

### B. William Hastreiter

Mailing Address 580 Grand Avenue  
Apt. 2

City State Zip Code  
Saint Paul MN 55102-2687

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	24	/	2012

Transaction ID : SB30b222320874214e

Amount of Each Disbursement this Period

892.55
--------

Full Name (Last, First, Middle Initial)

### C. Sean Ness

Mailing Address 1758 Dayton Avenue

City State Zip Code  
Saint Paul MN 55104-6001

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	24	/	2012

Transaction ID : SB30b456618874241e

Amount of Each Disbursement this Period

308.58
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1421.90
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. William Milbach**

Mailing Address 1438 Pascal Street N

City State Zip Code  
Saint Paul MN 55108-2437

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30b172986874173e**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Joel Chavez**

Mailing Address 475 Dayton Avenue  
Apt. 1

City State Zip Code  
Saint Paul MN 55102-4528

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30b173618874239e**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Sarah Hansen-Jones**

Mailing Address 505 Hoyt Avenue E

City State Zip Code  
Saint Paul MN 55130-3016

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30b173067874161e**

Amount of Each Disbursement this Period

Category/  
Type

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kathleen Hupalo**

Mailing Address 684 Delaware Avenue

City State Zip Code  
Saint Paul MN 55107-2534

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2012

Transaction ID : **SB30b176320874219e**

Amount of Each Disbursement this Period

373.83

Full Name (Last, First, Middle Initial)

**B. Ryan Lyk**

Mailing Address 2416 Woodland Avenue

City State Zip Code  
Duluth MN 55803-2347

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2012

Transaction ID : **SB30b224344874240e**

Amount of Each Disbursement this Period

286.14

Full Name (Last, First, Middle Initial)

**C. MN Dept of Revenue**

Mailing Address 658 Cedar Street  
Suite 400

City State Zip Code  
Saint Paul MN 55155-1603

Purpose of Disbursement  
FEA PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2012

Transaction ID : **SB30b421278873194e**

Amount of Each Disbursement this Period

771.84

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

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

1431.81

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Alexander Argo**

Mailing Address 9428 Erin Court

City Woodbury State MN Zip Code 55129-9756

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

Transaction ID : SB30b178956874013e

Amount of Each Disbursement this Period

373.49

Full Name (Last, First, Middle Initial)

**B. Robert C. Salender**

Mailing Address 435 University Avenue E

City Saint Paul State MN Zip Code 55130-4437

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 24 / 2012

Transaction ID : SB30b226071874231e

Amount of Each Disbursement this Period

598.78

Full Name (Last, First, Middle Initial)

**C. Ronald Huettl**

Mailing Address 1905 Bluestem Lane

City Shoreview State MN Zip Code 55126-5017

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 24 / 2012

Transaction ID : SB30b174233874237e

Amount of Each Disbursement this Period

1655.45

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

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

2627.72

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Shawn Ricks**

Mailing Address 1871 7th Street E  
Apt. 6

City Saint Paul State MN Zip Code 55119-4850

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

02 / 10 / 2012

Transaction ID : SB30b175468874177e

Amount of Each Disbursement this Period

555.39

Full Name (Last, First, Middle Initial)

**B. Joel Cary**

Mailing Address 12809 44th PI NE

City Saint Michael State MN Zip Code 55376-3030

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

02 / 24 / 2012

Transaction ID : SB30b173167874199e

Amount of Each Disbursement this Period

2701.78

Full Name (Last, First, Middle Initial)

**C. David Anderson**

Mailing Address 687 Maryland Avenue E

City Saint Paul State MN Zip Code 55106-2524

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

02 / 24 / 2012

Transaction ID : SB30b227032874202e

Amount of Each Disbursement this Period

33.44

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

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

3290.61

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

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

Full Name (Last, First, Middle Initial)

**A. John Nelson**

Mailing Address 685 Maryland Avenue E  
Apt. 1

City Saint Paul State MN Zip Code 55106-2524

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 24 / 2012

**Transaction ID : SB30b456372874227e**

Amount of Each Disbursement this Period

259.73

Full Name (Last, First, Middle Initial)

**B. Jacob Schommer**

Mailing Address 792 Juno Avenue

City Saint Paul State MN Zip Code 55102-3822

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

**Transaction ID : SB30b174096874179e**

Amount of Each Disbursement this Period

513.42

Full Name (Last, First, Middle Initial)

**C. Stephen Greene**

Mailing Address 325 Marie

City Saint Paul State MN Zip Code 55106

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 24 / 2012

**Transaction ID : SB30b455563874212e**

Amount of Each Disbursement this Period

203.1

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

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

976.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Landrey Mckinzie**

Mailing Address 7338 Jewel Avenue S

City Cottage Grove State MN Zip Code 55016-2287

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2012

Transaction ID : SB30b174725874224e

Amount of Each Disbursement this Period

513.1

**B. Aaron Heidebrink**

Full Name (Last, First, Middle Initial)

Mailing Address 1975 W University Ave  
#242

City St Paul State MN Zip Code 55105

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2012

Transaction ID : SB30b173146874163e

Amount of Each Disbursement this Period

612.37

**C. Joel Cary**

Full Name (Last, First, Middle Initial)

Mailing Address 12809 44th PI NE

City Saint Michael State MN Zip Code 55376-3030

Purpose of Disbursement  
FEA Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2012

Transaction ID : SB30b173167874193e

Amount of Each Disbursement this Period

2701.77

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

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

3827.24



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Joel Chavez**

Mailing Address 475 Dayton Avenue  
Apt. 1

City Saint Paul State MN Zip Code 55102-4528

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
02 / 24 / 2012

Transaction ID : **SB30b173618874206e**

Amount of Each Disbursement this Period

94.33

Full Name (Last, First, Middle Initial)

**B. Tyler Eason**

Mailing Address 2201 Girard Avenue N

City Minneapolis State MN Zip Code 55411-2548

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
02 / 10 / 2012

Transaction ID : **SB30b463484874020e**

Amount of Each Disbursement this Period

208.66

Full Name (Last, First, Middle Initial)

**C. Joel Chavez**

Mailing Address 475 Dayton Avenue  
Apt. 1

City Saint Paul State MN Zip Code 55102-4528

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
02 / 10 / 2012

Transaction ID : **SB30b173618874186e**

Amount of Each Disbursement this Period

479.66

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

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

782.65

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Crystal Gardner**

Mailing Address 591 Bay Street

City State Zip Code  
Saint Paul MN 55102-3903

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2012

**Transaction ID : SB30b223561874211e**

Amount of Each Disbursement this Period

273.3

Full Name (Last, First, Middle Initial)

**B. Kalunda Thompson**

Mailing Address 1415 County Road E W

City State Zip Code  
Saint Paul MN 55112-3652

Purpose of Disbursement  
FEA SALARY

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 Y Y  
02 / 10 / 2012

**Transaction ID : SB30b456438874180e**

Amount of Each Disbursement this Period

91.87

Full Name (Last, First, Middle Initial)

**C. Ryan Lyk**

Mailing Address 2416 Woodland Avenue

City State Zip Code  
Duluth MN 55803-2347

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2012

**Transaction ID : SB30b224344874188e**

Amount of Each Disbursement this Period

286.15

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

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

651.32

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Alexander Argo**

Mailing Address 9428 Erin Court

City Woodbury State MN Zip Code 55129-9756

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b178956874203e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Thomas Hoffman**

Mailing Address 6051 Courtly Alcove

City Woodbury State MN Zip Code 55125-1932

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b193841874166e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Suzanne Scholljergdes**

Mailing Address 803 Weeks Ave NE

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b456191874238e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Wi Spt Collections Trust Fund</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address 74400 PO Box		<b>Transaction ID : SB30b423457847731V</b>
City Milwaukee	State WI	
Zip Code 53274-0001	Purpose of Disbursement Garnishments - WI Spt Collections	Amount of Each Disbursement this Period 108.05
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Subitemization of Paychex ( 02/24/12 )
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MN Child Support Center</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address PO Box 64306		<b>Transaction ID : SB30b421261847730V</b>
City Saint Paul	State MN	
Zip Code 55164-0306	Purpose of Disbursement Garnishment - MN Child Support	Amount of Each Disbursement this Period 1543.41
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> Subitemization of Paychex ( 02/24/12 )
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address 1210 Northland Drive Suite 100		<b>Transaction ID : SB30b418908874194e</b>
City Saint Paul	State MN	
Zip Code 55120-1181	Purpose of Disbursement SEE BELOW: Garnishment	Amount of Each Disbursement this Period 1651.46
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1651.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Lori-Anne Pizzella**

Mailing Address 680 Stewart Avenue

City State Zip Code  
Saint Paul MN 55102-4117

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 10 / 2012

Transaction ID : **SB30b174562874176e**

Amount of Each Disbursement this Period

369.79

Full Name (Last, First, Middle Initial)

**B. Francis Dana Payne III**

Mailing Address 1314 Marquette Avenue  
Apt. 605

City State Zip Code  
Minneapolis MN 55403-4119

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 10 / 2012

Transaction ID : **SB30b476812874175e**

Amount of Each Disbursement this Period

1073

Full Name (Last, First, Middle Initial)

**C. Heidi Babler**

Mailing Address 685 Maryland Avenue E

City State Zip Code  
Saint Paul MN 55106-2524

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 24 / 2012

Transaction ID : **SB30b463486874204e**

Amount of Each Disbursement this Period

207.15

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

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

1649.94

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Loland Crocket**

Mailing Address 1164 Mackubin Street  
Apt. 208

City Saint Paul State MN Zip Code 55117-4744

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2012

**Transaction ID : SB30b455216874207e**

Amount of Each Disbursement this Period

405.88

Full Name (Last, First, Middle Initial)

**B. David Anderson**

Mailing Address 687 Maryland Avenue E

City Saint Paul State MN Zip Code 55106-2524

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2012

**Transaction ID : SB30b227032874012e**

Amount of Each Disbursement this Period

175.01

Full Name (Last, First, Middle Initial)

**C. Kathleen Hupalo**

Mailing Address 684 Delaware Avenue

City Saint Paul State MN Zip Code 55107-2534

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2012

**Transaction ID : SB30b176320874167e**

Amount of Each Disbursement this Period

314.99

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

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

895.88

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Nicholas Lynch**

Mailing Address 2245 Ariel Street N

City State Zip Code  
Saint Paul MN 55109-2855

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2012

Transaction ID : **SB30b175626874221e**

Amount of Each Disbursement this Period

66.03

Full Name (Last, First, Middle Initial)

**B. Robert C. Salender**

Mailing Address 435 University Avenue E

City State Zip Code  
Saint Paul MN 55130-4437

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 10 / 2012

Transaction ID : **SB30b226071874178e**

Amount of Each Disbursement this Period

583.11

Full Name (Last, First, Middle Initial)

**C. Aaron Heidebrink**

Mailing Address 1975 W University Ave  
#242

City State Zip Code  
St Paul MN 55105

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2012

Transaction ID : **SB30b173146874215e**

Amount of Each Disbursement this Period

571.32

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

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

1220.46

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Sean Ness**

Mailing Address 1758 Dayton Avenue

City State Zip Code  
Saint Paul MN 55104-6001

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 10 / 2012

**Transaction ID : SB30b456618874189e**

Amount of Each Disbursement this Period

308.59

Full Name (Last, First, Middle Initial)

**B. Christian Darouni**

Mailing Address 758 Reaney Avenue

City State Zip Code  
Saint Paul MN 55106-4442

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 24 / 2012

**Transaction ID : SB30b176787874209e**

Amount of Each Disbursement this Period

1127.79

Full Name (Last, First, Middle Initial)

**C. Matthew Cross**

Mailing Address 744 Randolph Avenue

City State Zip Code  
Saint Paul MN 55102-3414

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 10 / 2012

**Transaction ID : SB30b220076874018e**

Amount of Each Disbursement this Period

318.32

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

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

1754.70



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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Shari Vig**

Mailing Address 1555 Case Avenue

City State Zip Code  
Saint Paul MN 55106-3603

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b227149874234e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Kalunda Thompson**

Mailing Address 1415 County Road E W

City State Zip Code  
Saint Paul MN 55112-3652

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b456438874233e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Matthew Cross**

Mailing Address 744 Randolph Avenue

City State Zip Code  
Saint Paul MN 55102-3414

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b220076874208e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Heather Rubash**

Mailing Address 501 Waconia Parkway N  
Apt. 306

City Waconia State MN Zip Code 55387-1091

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

Transaction ID : SB30b172840874190e

Amount of Each Disbursement this Period

1189.91

Full Name (Last, First, Middle Initial)

**B. Lori-Anne Pizzella**

Mailing Address 680 Stewart Avenue

City Saint Paul State MN Zip Code 55102-4117

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 24 / 2012

Transaction ID : SB30b174562874229e

Amount of Each Disbursement this Period

133.16

Full Name (Last, First, Middle Initial)

**C. Carol Mason**

Mailing Address 1390 Edmund Avenue

City Saint Paul State MN Zip Code 55104-2426

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

Transaction ID : SB30b456202874171e

Amount of Each Disbursement this Period

289.14

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

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

1612.21

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ronald Huettl**

Mailing Address 1905 Bluestem Lane

City Shoreview State MN Zip Code 55126-5017

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

Transaction ID : **SB30b174233874192e**

Amount of Each Disbursement this Period

1655.45

Full Name (Last, First, Middle Initial)

**B. Landrey Mckinzie**

Mailing Address 7338 Jewel Avenue S

City Cottage Grove State MN Zip Code 55016-2287

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 10 / 2012

Transaction ID : **SB30b17425874172e**

Amount of Each Disbursement this Period

627.09

Full Name (Last, First, Middle Initial)

**C. Michael Wright**

Mailing Address 2477 Indian Way

City Saint Paul State MN Zip Code 55109-1613

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 24 / 2012

Transaction ID : **SB30b173236874236e**

Amount of Each Disbursement this Period

432.11

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

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

2714.65

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Stephen Greene**

Mailing Address 325 Marie

City State Zip Code  
Saint Paul MN 55106

Purpose of Disbursement  
FEA SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2012

**Transaction ID : SB30b455563874160e**

Amount of Each Disbursement this Period

203.63

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

203.63

61818.55

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Republican Party of Minnesota - Federal** Transaction ID : **SC/10-L575213**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Alliance Bank	Election: 1990 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 444 Cedar Street	
City Saint Paul State MN ZIP Code 55101-2179	

Original Amount of Loan 20000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 20000
----------------------------------	---------------------------------	--

**TERMS**

Date Incurred: MM / DD / YYYY (07 / 01 / 2010) Date Due: MM / DD / YYYY (07 / 01 / 2011) Interest Rate: 5.00 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	20000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **Republican Party of Minnesota - Federal** Transaction ID : **SC/10-L802079**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Alliance Bank	Election: 1990 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 444 Cedar Street	
City Saint Paul State MN ZIP Code 55101-2179	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
208043.66	63133.15	144910.51

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y  /  /

Interest Rate:  % (apr)

Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="144910.51"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text" value="164910.51"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 79 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>David Thompson</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: General Party Media Consulting
Mailing Address PO Box 1201	
City State Zip Code Lakeville MN 55044-1201	

Outstanding Balance Beginning This Period 7700	<b>Transaction ID : SD10-DEBT872731</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 7700

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Health Partners</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party Health Insurance
Mailing Address PO Box 1309	
City State Zip Code Minneapolis MN 55440-1309	

Outstanding Balance Beginning This Period 1962.1	<b>Transaction ID : SD10-DEBT873520</b>	
Amount Incurred This Period 0	Payment This Period 1962.1	Outstanding Balance at Close of This Period 0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Visi Inc.</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party Computer Services
Mailing Address 10290 W 70th Street	
City State Zip Code Eden Prairie MN 55344-3440	

Outstanding Balance Beginning This Period 800	<b>Transaction ID : SD10-DEBT876908</b>	
Amount Incurred This Period 400	Payment This Period 800	Outstanding Balance at Close of This Period 400

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	8100.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 80 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Trimble &amp; Associates</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Legal Fees
Mailing Address 10210 WAYZATA BLVD SUITE 130	
City State Zip Code Hopkins MN 55305	

Outstanding Balance Beginning This Period <input type="text" value="38289.82"/>	<b>Transaction ID : SD10-DEBT872719</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="38289.82"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Fundraising Associates</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party Fundraising Consulting
Mailing Address 4035 W 65th Street	
City State Zip Code Edina MN 55435-1748	

Outstanding Balance Beginning This Period <input type="text" value="3000"/>	<b>Transaction ID : SD10-DEBT880191</b>	
Amount Incurred This Period <input type="text" value="3000"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="6000"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SMD Copy Systems</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Equipment Maintenance
Mailing Address 6520 W Lake Street	
City State Zip Code Minneapolis MN 55426-4205	

Outstanding Balance Beginning This Period <input type="text" value="1277.29"/>	<b>Transaction ID : SD10-DEBT878731</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="1277.29"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="45567.11"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 81 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lexis Nexis</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Office Computer Services
Mailing Address 2314 Po Box	
City State Zip Code Carol Stream IL 60132-0001	

Outstanding Balance Beginning This Period 4496.52	<b>Transaction ID : SD10-DEBT901517</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 4496.52

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Hub Properties Trust</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party Office Rent
Mailing Address Reit Management Research 330 2nd. Ave. S Suite 110	
City State Zip Code Minneapolis MN 55401	

Outstanding Balance Beginning This Period 73117.22	<b>Transaction ID : SD10-DEBT890360</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 73117.22

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>All American Self Storage</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Storage
Mailing Address 1500 Marshall Avenue	
City State Zip Code Saint Paul MN 55104-6317	

Outstanding Balance Beginning This Period 542	<b>Transaction ID : SD10-DEBT876540</b>	
Amount Incurred This Period 256	Payment This Period 542	Outstanding Balance at Close of This Period 256

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	77869.74
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 82 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Whatever Services</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party Accounting Services
Mailing Address 240 Wyndham Circle W	
City State Zip Code New Brighton MN 55112-3167	

Outstanding Balance Beginning This Period 8130	<b>Transaction ID : SD10-DEBT888315</b>	
Amount Incurred This Period 4305	Payment This Period 1500	Outstanding Balance at Close of This Period 10935

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cardinals FEC Compliance Services</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: FEC Compliance Services/Accounting
Mailing Address 6053 Hudson Road	
City State Zip Code Woodbury MN 55125-1015	

Outstanding Balance Beginning This Period 52044.1	<b>Transaction ID : SD10-DEBT873514</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 52044.1

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bryan Cave LLP</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Legal Fees
Mailing Address 700 13th Street NW	
City State Zip Code Washington DC 20005-3960	

Outstanding Balance Beginning This Period 25482.92	<b>Transaction ID : SD10-DEBT873512</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 25482.92

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	88462.02
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 83 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Silent Knight Security</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Office Security System
Mailing Address 9057 Lyndale Avenue S	
City State Zip Code Bloomington MN 55420-3520	

Outstanding Balance Beginning This Period <input type="text" value="322.23"/>	<b>Transaction ID : SD10-DEBT870998</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="322.23"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Zayo Enterprise Networks</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Internet Service
Mailing Address PO Box 952151	
City State Zip Code Dallas TX 75395-0001	

Outstanding Balance Beginning This Period <input type="text" value="3340.3"/>	<b>Transaction ID : SD10-DEBT873537</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="3340.3"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Assurant Employee Benefits</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Employee Life & Disab. Benefits
Mailing Address 2323 Grand Boulevard	
City State Zip Code Kansas City MO 64108-2670	

Outstanding Balance Beginning This Period <input type="text" value="20.48"/>	<b>Transaction ID : SD10-DEBT876542</b>	
Amount Incurred This Period <input type="text" value="123.7"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="144.18"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="144.18"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 84 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Popp.com</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party Telephone Expense
Mailing Address PO Box 27110	
City State Zip Code Minneapolis MN 55427-0110	

Outstanding Balance Beginning This Period <input type="text" value="9651.66"/>	<b>Transaction ID : SD10-DEBT880192</b>	
Amount Incurred This Period <input type="text" value="2462.85"/>	Payment This Period <input type="text" value="3805.87"/>	Outstanding Balance at Close of This Period <input type="text" value="8308.64"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RBA Consulting</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party Software Consulting
Mailing Address 445 Lake Street E Suite 120	
City State Zip Code Wayzata MN 55391-1670	

Outstanding Balance Beginning This Period <input type="text" value="10000"/>	<b>Transaction ID : SD10-DEBT871984</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="10000"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Amato &amp; Associates, llc</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party IT/Web Services
Mailing Address PO Box 879	
City State Zip Code Hopkins MN 55343-0879	

Outstanding Balance Beginning This Period <input type="text" value="5000"/>	<b>Transaction ID : SD10-DEBT872973</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="5000"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="23308.64"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 85 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Business Data Records</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Business Data Storage
Mailing Address 201 9th Avenue SW	
City State Zip Code Saint Paul MN 55112-3211	

Outstanding Balance Beginning This Period <input type="text" value="395.36"/>	<b>Transaction ID : SD10-DEBT876544</b>	
Amount Incurred This Period <input type="text" value="46.52"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="441.88"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Verizon Wireless</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party Cell Phone Services
Mailing Address PO Box 25505	
City State Zip Code Lehigh Valley PA 18002-5505	

Outstanding Balance Beginning This Period <input type="text" value="748.55"/>	<b>Transaction ID : SD10-DEBT873533</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="748.55"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Delta Dental</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Employee Dental Benefits
Mailing Address 345 Saint Peter Street	
City State Zip Code Saint Paul MN 55102-1211	

Outstanding Balance Beginning This Period <input type="text" value="385.7"/>	<b>Transaction ID : SD10-DEBT876549</b>	
Amount Incurred This Period <input type="text" value="197.45"/>	Payment This Period <input type="text" value="385.7"/>	Outstanding Balance at Close of This Period <input type="text" value="197.45"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1387.88"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 86 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Wiley Rein LLP</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Legal Fees
Mailing Address 1776 K Street NW	
City State Zip Code Washington DC 20006-2304	

Outstanding Balance Beginning This Period 18795.26	<b>Transaction ID : SD10-DEBT872798</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 18795.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vekich &amp; Associates</b>	Nature of Debt (Purpose): 1000:ADMINISTRATION B 211: Party Accounting Consulting Services
Mailing Address 3924 Natchez Avenue S	
City State Zip Code Minneapolis MN 55416-5054	

Outstanding Balance Beginning This Period 0	<b>Transaction ID : SD10-DEBT879777</b>	
Amount Incurred This Period 5000	Payment This Period 0	Outstanding Balance at Close of This Period 5000

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Health Partners</b>	Nature of Debt (Purpose): 2000:X ADMINISTRATION L 0112121111: Party Employee Health Insurance
Mailing Address PO Box 1309	
City State Zip Code Minneapolis MN 55440-1309	

Outstanding Balance Beginning This Period 0	<b>Transaction ID : SD10-DEBT876551</b>	
Amount Incurred This Period 3020.4	Payment This Period 0	Outstanding Balance at Close of This Period 3020.4

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	26815.66
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 87 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Verizon Wireless</b>	Nature of Debt (Purpose): 2000:X ADMINISTRATION L 0112121111: Party Cell Phone Services
Mailing Address 17120 PO Box	
City State Zip Code Tucson AZ 85721-0001	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT876557</b>	
Amount Incurred This Period <input type="text" value="1040.94"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="1040.94"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cardinals FEC Compliance Services</b>	Nature of Debt (Purpose): 2000:X ADMINISTRATION L 0112121111: FEC Compliance Services/Accounting
Mailing Address 6053 Hudson Road	
City State Zip Code Woodbury MN 55125-1015	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT876545</b>	
Amount Incurred This Period <input type="text" value="2497.1"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="2497.1"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Republican Party of Minnesota - Non-Federal Account</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Pre-Allocation Transfers
Mailing Address 525 Park Street Suite 250	
City State Zip Code Saint Paul MN 55103-2145	

Outstanding Balance Beginning This Period <input type="text" value="40830.63"/>	<b>Transaction ID : SD10-DEBT873538</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="40830.63"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="44368.67"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 88 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Barbara Linert</b>		Nature of Debt (Purpose): Administrative/Salary/Overhead: Reimbursed Expense
Mailing Address 4282 Braddock Trail		
City State Eagan MN	Zip Code 55123-1941	

Outstanding Balance Beginning This Period <input type="text" value="91.88"/>	<b>Transaction ID : SD10-DEBT876543</b>	
Amount Incurred This Period <input type="text" value="195.84"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="287.72"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Joel Cary</b>		Nature of Debt (Purpose): Administrative/Salary/Overhead: Reimbursed Expense
Mailing Address 12809 44th PI NE		
City State Saint Michael MN	Zip Code 55376-3030	

Outstanding Balance Beginning This Period <input type="text" value="193.13"/>	<b>Transaction ID : SD10-DEBT873522</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="193.13"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ronald Huettl</b>		Nature of Debt (Purpose): Administrative/Salary/Overhead: Reimbursed Expense
Mailing Address 1905 Bluestem Lane		
City State Shoreview MN	Zip Code 55126-5017	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT876555</b>	
Amount Incurred This Period <input type="text" value="129.7"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="129.7"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="610.55"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 89 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Christian Darouni</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Reimbursed Expense
Mailing Address 758 Reaney Avenue	
City State Zip Code Saint Paul MN 55106-4442	

Outstanding Balance Beginning This Period <input type="text" value="60.57"/>	<b>Transaction ID : SD10-DEBT877131</b>	
Amount Incurred This Period <input type="text" value="34.64"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="95.21"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>William Hastreiter</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Reimbursed Expense
Mailing Address 580 Grand Avenue Apt. 2	
City State Zip Code Saint Paul MN 55102-2687	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT876558</b>	
Amount Incurred This Period <input type="text" value="102.98"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="102.98"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>WebEx Communications, Inc.</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Web Service Fee
Mailing Address 3979 Freedom Circle	
City State Zip Code Santa Clara CA 95054-1249	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT876909</b>	
Amount Incurred This Period <input type="text" value="27.75"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="27.75"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="225.94"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 90 OF 114
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Direct Mail Systems</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Direct Mailing/Non-Candidate
Mailing Address 12450 Automobile Boulevard	
City State Zip Code Clearwater FL 33762-4427	

Outstanding Balance Beginning This Period 41753.34	<b>Transaction ID : SD10-DEBT890955</b>	
Amount Incurred This Period 16637.92	Payment This Period 0	Outstanding Balance at Close of This Period 58391.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Federal Express</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Postage
Mailing Address Po Box 1140	
City State Zip Code Memphis TN 38101	

Outstanding Balance Beginning This Period 0	<b>Transaction ID : SD10-DEBT876901</b>	
Amount Incurred This Period 35.05	Payment This Period 0	Outstanding Balance at Close of This Period 35.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Minneapolis Club</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Facility Rental
Mailing Address 729 2nd Avenue S	
City State Zip Code Minneapolis MN 55402-2405	

Outstanding Balance Beginning This Period 6612.99	<b>Transaction ID : SD10-DEBT901367</b>	
Amount Incurred This Period 58.32	Payment This Period 0	Outstanding Balance at Close of This Period 6671.31

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	65097.62
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 91 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Trimble &amp; Associates</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Legal Fees
Mailing Address 10210 WAYZATA BLVD SUITE 130	
City State Zip Code Hopkins MN 55305	

Outstanding Balance Beginning This Period <input type="text" value="30659.65"/>	<b>Transaction ID : SD10-DEBT845320</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="30659.65"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Fundraising Associates</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Fundraising Consulting
Mailing Address 4035 W 65th Street	
City State Zip Code Edina MN 55435-1748	

Outstanding Balance Beginning This Period <input type="text" value="5886.36"/>	<b>Transaction ID : SD10-DEBT882435</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="5886.36"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Advantage Paper</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Beverage Refreshments
Mailing Address 310 Congress Street W	
City State Zip Code Maple Lake MN 55358-3497	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT876899</b>	
Amount Incurred This Period <input type="text" value="128.51"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="128.51"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="36674.52"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 92 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Resolution Graphics</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Printing
Mailing Address 3725 Dunlap Street N	
City State Zip Code Saint Paul MN 55112-6968	

Outstanding Balance Beginning This Period 7351.88	<b>Transaction ID : SD10-DEBT873528</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 7351.88

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Neopost</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Fundraising Postage/Non-FEA
Mailing Address PO Box 73727	
City State Zip Code Chicago IL 60673-7727	

Outstanding Balance Beginning This Period 1437.66	<b>Transaction ID : SD10-DEBT872614</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 1437.66

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>A. J. Schaake Co</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Name Plate
Mailing Address 919 Saint Clair Avenue	
City State Zip Code Saint Paul MN 55105-3211	

Outstanding Balance Beginning This Period 86.11	<b>Transaction ID : SD10-DEBT876539</b>	
Amount Incurred This Period 25.83	Payment This Period 0	Outstanding Balance at Close of This Period 111.94

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	8901.48
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 93 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Public Opinion Strategies</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Polling
Mailing Address 277 S Washington Street Suite 320	
City State Zip Code Alexandria VA 22314-3646	

Outstanding Balance Beginning This Period <input type="text" value="29500"/>	<b>Transaction ID : SD10-DEBT871981</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="29500"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Minneapolis Hilton</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Fundraising Event Dinner/Non-Candidate
Mailing Address 1001 Marquette Avenue	
City State Zip Code Minneapolis MN 55403-2418	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT876902</b>	
Amount Incurred This Period <input type="text" value="10523.34"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="10523.34"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Hub Properties Trust</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Office Rent
Mailing Address Reit Management Research 330 2nd. Ave. S Suite 110	
City State Zip Code Minneapolis MN 55401	

Outstanding Balance Beginning This Period <input type="text" value="19441"/>	<b>Transaction ID : SD10-DEBT870990</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="19441"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="59464.34"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 94 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>City Of St. Paul</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Alarm Permit
Mailing Address 350 Saint Peter Street Suite 300	
City State Zip Code Saint Paul MN 55102-1514	

Outstanding Balance Beginning This Period <input type="text" value="64"/>	<b>Transaction ID : SD10-DEBT873517</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="64"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>FLS Connect</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Fundraising Telemarketing
Mailing Address 7300 Hudson Boulevard N Suite 270	
City State Zip Code Saint Paul MN 55128-7143	

Outstanding Balance Beginning This Period <input type="text" value="84629.76"/>	<b>Transaction ID : SD10-DEBT870987</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="84629.76"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Pinnacle Direct, Inc.</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Fundraising Mail/Non-Candidat
Mailing Address 15260 113th Street N	
City State Zip Code Stillwater MN 55082-9575	

Outstanding Balance Beginning This Period <input type="text" value="14845.32"/>	<b>Transaction ID : SD10-DEBT901519</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="14845.32"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="99539.08"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 95 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>UPS Store</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Business Card Printing
Mailing Address 3432 Denmark Avenue	
City State Zip Code Eagan MN 55123-1088	

Outstanding Balance Beginning This Period 404.26	<b>Transaction ID : SD10-DEBT873532</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 404.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Aristotle International, Inc.</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: FEC Reporting Software
Mailing Address 205 Pennsylvania Avenue SE	
City State Zip Code Washington DC 20003-1164	

Outstanding Balance Beginning This Period 3725	<b>Transaction ID : SD10-DEBT873509</b>	
Amount Incurred This Period 0	Payment This Period 1925	Outstanding Balance at Close of This Period 1800

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Minnesota Dept of Health</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: List Enhancement
Mailing Address PO Box 64882	
City State Zip Code Saint Paul MN 55164-0882	

Outstanding Balance Beginning This Period 60	<b>Transaction ID : SD10-DEBT873525</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 60

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2264.26
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 96 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cardinals FEC Compliance Services</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: FEC Compliance Services/Accounting
Mailing Address 6053 Hudson Road	
City State Zip Code Woodbury MN 55125-1015	

Outstanding Balance Beginning This Period 40175.9	<b>Transaction ID : SD10-DEBT870983</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 40175.9

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Staples Business Advantage</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Office Supplies
Mailing Address PO Box 9368	
City State Zip Code Framingham MA 01701-9368	

Outstanding Balance Beginning This Period 1464.27	<b>Transaction ID : SD10-DEBT878867</b>	
Amount Incurred This Period 673.68	Payment This Period 786.04	Outstanding Balance at Close of This Period 1351.91

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bryan Cave LLP</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Legal Fees
Mailing Address 700 13th Street NW	
City State Zip Code Washington DC 20005-3960	

Outstanding Balance Beginning This Period 52930.3	<b>Transaction ID : SD10-DEBT845289</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 52930.3

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	94458.11
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 97 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Comcast Corporation PAC</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Refund of Contribution
Mailing Address 1500 Market Street	
City State Zip Code Philadelphia PA 19102-2100	

Outstanding Balance Beginning This Period <input type="text" value="5000"/>	<b>Transaction ID : SD10-DEBT871944</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="5000"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Southwest Publishing</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Mailhouse Printing
Mailing Address 2600 NW Topeka Boulevard	
City State Zip Code Topeka KS 66617-1160	

Outstanding Balance Beginning This Period <input type="text" value="22416.28"/>	<b>Transaction ID : SD10-DEBT900682</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="22416.28"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Pinnacle List Company</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Generic Party Printing
Mailing Address 2800 S Shirlington Road Suite 401	
City State Zip Code Arlington VA 22206-3608	

Outstanding Balance Beginning This Period <input type="text" value="4236.37"/>	<b>Transaction ID : SD10-DEBT831921</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="4236.37"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="31652.65"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 98 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cardmember Services</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Credit Card Purchases
Mailing Address PO Box 790408	
City State Zip Code Saint Louis MO 63179-0408	

Outstanding Balance Beginning This Period 26243.45	<b>Transaction ID : SD10-DEBT900679</b>	
Amount Incurred This Period 248.49	Payment This Period 534	Outstanding Balance at Close of This Period 25957.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RBA Consulting</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party Software Consulting
Mailing Address 445 Lake Street E Suite 120	
City State Zip Code Wayzata MN 55391-1670	

Outstanding Balance Beginning This Period 4775	<b>Transaction ID : SD10-DEBT843537</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 4775

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>P2b Strategies, Inc</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Mail Design & Printing
Mailing Address 4750 E 53rd Street Apt. 206	
City State Zip Code Minneapolis MN 55417-2357	

Outstanding Balance Beginning This Period 19566.08	<b>Transaction ID : SD10-DEBT901518</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 19566.08

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	50299.02
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 99 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Amato &amp; Associates, Ilc</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Party IT/Web Services
Mailing Address PO Box 879	
City State Zip Code Hopkins MN 55343-0879	

Outstanding Balance Beginning This Period <input type="text" value="3007.5"/>	<b>Transaction ID : SD10-DEBT840867</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="3007.5"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ameriprise Financial Services, Inc.</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Employee IRA Contribution
Mailing Address 70205 Ameriprise Financial Center	
City State Zip Code Minneapolis MN 55474-0702	

Outstanding Balance Beginning This Period <input type="text" value="12204.55"/>	<b>Transaction ID : SD10-DEBT872985</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="12204.55"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Siemens Enterprise Communications</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Yearly Maintenance Fee for Dialer
Mailing Address 1001 NW 51st Street	
City State Zip Code Boca Raton FL 33431-4403	

Outstanding Balance Beginning This Period <input type="text" value="11435.22"/>	<b>Transaction ID : SD10-DEBT900681</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="11435.22"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="14442.72"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 100 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Pilgrim Company</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: IT Equipment
Mailing Address 8040 Groveland Road	
City State Zip Code Saint Paul MN 55112-5811	

Outstanding Balance Beginning This Period <input type="text" value="3150"/>	<b>Transaction ID : SD10-DEBT871978</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="3150"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Newspaperclips.com</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Subscriptions
Mailing Address PO Box 193	
City State Zip Code Bell FL 32619-0193	

Outstanding Balance Beginning This Period <input type="text" value="845"/>	<b>Transaction ID : SD10-DEBT872615</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="845"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Nextera</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Telephone Service
Mailing Address 7115 Forthun Road Suite 100	
City State Zip Code Baxter MN 56425-8598	

Outstanding Balance Beginning This Period <input type="text" value="165.04"/>	<b>Transaction ID : SD10-DEBT872974</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="165.04"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="4160.04"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 101 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kieran's Irish Pub</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Facility Rental/Catering
Mailing Address 931 Nicollet Mall	
City State Zip Code Minneapolis MN 55402-3201	

Outstanding Balance Beginning This Period <input type="text" value="797.48"/>	<b>Transaction ID : SD10-DEBT871972</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="797.48"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Wiley Rein LLP</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Legal Fees
Mailing Address 1776 K Street NW	
City State Zip Code Washington DC 20006-2304	

Outstanding Balance Beginning This Period <input type="text" value="69.15"/>	<b>Transaction ID : SD10-DEBT876907</b>	
Amount Incurred This Period <input type="text" value="61.25"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="130.4"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Coffee Mill, Inc.</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Water Cooler Rental
Mailing Address 9200 Wyoming Ave North Suite 300	
City State Zip Code Brooklyn Park MN 55445-1845	

Outstanding Balance Beginning This Period <input type="text" value="476.95"/>	<b>Transaction ID : SD10-DEBT876548</b>	
Amount Incurred This Period <input type="text" value="107.64"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="584.59"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1512.47"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 102 OF 114
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kelly Fenton</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Reimbursed Expense
Mailing Address 11333 Sundance Way	
City State Zip Code Woodbury MN 55129-5301	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT878869</b>	
Amount Incurred This Period <input type="text" value="286.7"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="286.7"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mall of America - Kokomo's</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Facility Rental
Mailing Address 320 S Avenue	
City State Zip Code Minneapolis MN 55425-5527	

Outstanding Balance Beginning This Period <input type="text" value="500"/>	<b>Transaction ID : SD10-DEBT873523</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="500"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Burger Moe's</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Fundraising Luncheon/Non-Candidate
Mailing Address 242 7th Street W	
City State Zip Code Saint Paul MN 55102-2523	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT876900</b>	
Amount Incurred This Period <input type="text" value="645.76"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="645.76"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1432.46"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="786759.16"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="786759.16"/>

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

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

Transaction ID : H1

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check   
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %  
 Nonfederal .....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT Republican Party of Minnesota - Non-Fe	DATE OF RECEIPT MM / DD / YYYY 02 / 15 / 2012	TOTAL AMOUNT TRANSFERRED 2384.64
---	---	-------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

i) <b>Total Administrative</b> .....	2384.64
<b>Transaction ID : H3A-40952-814646</b>	
ii) <b>Generic Voter Drive</b> .....	
iii) <b>Exempt Activities</b> .....	
iv) <b>Direct Fundraising</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
v) <b>Direct Candidate Support</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) <b>Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	



**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT Republican Party of Minnesota - Non-Fe	DATE OF RECEIPT MM / DD / YYYY 02 / 08 / 2012	TOTAL AMOUNT TRANSFERRED 5433.23
---	---	-------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

i) <b>Total Administrative</b> .....	5433.23
<b>Transaction ID : H3A-40945-814647</b>	
ii) <b>Generic Voter Drive</b> .....	
iii) <b>Exempt Activities</b> .....	
iv) <b>Direct Fundraising</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
v) <b>Direct Candidate Support</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) <b>Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	7817.87
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	7817.87

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**Republican Party of Minnesota - Federal**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4-410429-873997-e</b> <b>Silent Knight Security</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 9057 Lyndale Avenue S		Allocated Activity or Event Year-To-Date 69446.7	
City State Zip Code Bloomington MN 55420-3520	Date MM / DD / YYYY 02 / 02 / 2012		
Purpose of Disbursement: Office Security Systems	Category/ Type	Allocated Activity or Event Year-To-Date 69446.7	
Activity or Event Identifier: 1000:ADMINISTRATION B 211		Date MM / DD / YYYY 02 / 02 / 2012	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
6.96 + 12.36 = 19.32			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4-410429-870998-e</b> <b>Silent Knight Security</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 9057 Lyndale Avenue S		Allocated Activity or Event Year-To-Date 69446.7	
City State Zip Code Bloomington MN 55420-3520	Date MM / DD / YYYY 02 / 02 / 2012		
Purpose of Disbursement: Office Security System	Category/ Type	Allocated Activity or Event Year-To-Date 69446.7	
Activity or Event Identifier: 1000:ADMINISTRATION B 211		Date MM / DD / YYYY 02 / 02 / 2012	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
116 + 206.23 = 322.23			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4-408914-877335-e</b> <b>Staples Business Advantage</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 9368		Allocated Activity or Event Year-To-Date 69446.7	
City State Zip Code Framingham MA 01701-9368	Date MM / DD / YYYY 02 / 14 / 2012		
Purpose of Disbursement: Party Office Supplies	Category/ Type	Allocated Activity or Event Year-To-Date 69446.7	
Activity or Event Identifier: 1000:ADMINISTRATION B 211		Date MM / DD / YYYY 02 / 14 / 2012	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
70.82 + 125.91 = 196.73			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
193.78		344.50		538.28

**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
193.78	344.50	538.28

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**Republican Party of Minnesota - Federal**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Internal Revenue Service</b>		<b>Transaction ID : H4-402470-873191-e</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 43251 PO Box			Allocated Activity or Event Year-To-Date 69446.7	
City Ogden	State UT	Zip Code 84201-0001	Date 02 / 01 / 2012	
Purpose of Disbursement: NON-FEA PAYROLL TAXES		Category/ Type	Date 02 / 01 / 2012	
Activity or Event Identifier: 1000:ADMINISTRATION B 211			Date 02 / 01 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	
408.18			725.64	
		=	TOTAL AMOUNT	
			1133.82	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Kelly Fenton</b>		<b>Transaction ID : H4-462028-874243-e</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 11333 Sundance Way			Allocated Activity or Event Year-To-Date 69446.7	
City Woodbury	State MN	Zip Code 55129-5301	Date 02 / 24 / 2012	
Purpose of Disbursement: NON-FEA SALARY		Category/ Type	Date 02 / 24 / 2012	
Activity or Event Identifier: 1000:ADMINISTRATION B 211			Date 02 / 24 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	
526.59			936.16	
		=	TOTAL AMOUNT	
			1462.75	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>MN Dept of Revenue</b>		<b>Transaction ID : H4-421278-873193-e</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 658 Cedar Street Suite 400			Allocated Activity or Event Year-To-Date 69446.7	
City Saint Paul	State MN	Zip Code 55155-1603	Date 02 / 01 / 2012	
Purpose of Disbursement: NON-FEA PAYROLL TAXES		Category/ Type	Date 02 / 01 / 2012	
Activity or Event Identifier: 1000:ADMINISTRATION B 211			Date 02 / 01 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	
73.63			130.89	
		=	TOTAL AMOUNT	
			204.52	

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1008.40		1792.69		2801.09

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[ ]	[ ]	[ ]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

Form A: Zach Freimark, Transaction ID: H4-218090-874201-e. Allocated Activity or Event: Administrative. Date: 02/24/2012. Total Amount: 1138.75.

Form B: Popp.com, Transaction ID: H4-417637-868657-e. Allocated Activity or Event: Administrative. Date: 02/02/2012. Total Amount: 3805.87.

Form C: All American Self Storage, Transaction ID: H4-407380-870979-e. Allocated Activity or Event: Administrative. Date: 02/01/2012. Total Amount: 266.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1875.82, 3334.80, 5210.62.

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

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

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

Form A: Internal Revenue Service. Transaction ID: H4-402470-874008-e. Allocated Activity or Event: Administrative. Date: 02/10/2012. Total Amount: 1050.11.

Form B: MN Dept of Revenue. Transaction ID: H4-421278-874010-e. Allocated Activity or Event: Administrative. Date: 02/10/2012. Total Amount: 221.03.

Form C: Visi Inc. Transaction ID: H4-401184-876567-e. Allocated Activity or Event: Administrative. Date: 02/02/2012. Total Amount: 800.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 745.61, 1325.53, 2071.14.

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: [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: Zach Freimark, Transaction ID: H4-218090-874187-e. Allocated Activity or Event: Administrative. Date: 02/10/2012. Total Amount: 1054.45.

Form B: Delta Dental, Transaction ID: H4-450206-873519-e. Allocated Activity or Event: Administrative. Date: 02/13/2012. Total Amount: 68.9.

Form C: Health Partners, Transaction ID: H4-218277-873520-e. Allocated Activity or Event: Administrative. Date: 02/29/2012. Total Amount: 1962.1.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1110.76, 1974.69, 3085.45.

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: Delta Dental. Transaction ID: H4-450206-870986-e. Allocated Activity or Event: Administrative. Date: 02/15/2012. Total Amount: 316.8.

Form B: Zayo Enterprise Networks. Transaction ID: H4-410601-871000-e. Allocated Activity or Event: Administrative. Date: 02/15/2012. Total Amount: 1670.15.

Form C: Barbara Linert. Transaction ID: H4-130199-874184-e. Allocated Activity or Event: Administrative. Date: 02/10/2012. Total Amount: 969.73.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1064.40, 1892.28, 2956.68.

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: Benjamin J Zierke, Transaction ID: H4-472232-874244-e. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (NON-FEA SALARY), Activity or Event Identifier (1000:ADMINISTRATION B 211), Allocated Activity or Event (Administrative checked), and Year-To-Date amounts (69446.7).

Form B: Kelly Fenton, Transaction ID: H4-462028-874191-e. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (NON-FEA SALARY), Activity or Event Identifier (1000:ADMINISTRATION B 211), Allocated Activity or Event (Administrative checked), and Year-To-Date amounts (69446.7).

Form C: Barbara Linert, Transaction ID: H4-130199-874200-e. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Non-FEA Salary), Activity or Event Identifier (1000:ADMINISTRATION B 211), Allocated Activity or Event (Administrative checked), and Year-To-Date amounts (69446.7).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (1282.42) + NONFEDERAL SHARE (2279.84) = TOTAL AMOUNT (3562.26)

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

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

Form A: All American Self Storage. Transaction ID: H4-407380-873508-e. Mailing Address: 1500 Marshall Avenue, Saint Paul, MN 55104-6317. Purpose: Storage. Activity Identifier: 1000:ADMINISTRATION B 211. Allocated Activity: Administrative. Year-To-Date: 69446.7. Date: 02/01/2012. Summary: FEDERAL SHARE 99.36, NONFEDERAL SHARE 176.64, TOTAL AMOUNT 276.

Form B: Whatever Services. Transaction ID: H4-407611-876910-e. Mailing Address: 240 Wyndham Circle W, New Brighton, MN 55112-3167. Purpose: Party Accounting Services. Activity Identifier: 1000:ADMINISTRATION B 211. Allocated Activity: Administrative. Year-To-Date: 69446.7. Date: 02/24/2012. Summary: FEDERAL SHARE 540, NONFEDERAL SHARE 960, TOTAL AMOUNT 1500.

Form C: Internal Revenue Service. Transaction ID: H4-402470-874195-e. Mailing Address: 43251 PO Box, Ogden, UT 84201-0001. Purpose: Non-FEA Payroll Taxes. Activity Identifier: 1000:ADMINISTRATION B 211. Allocated Activity: Administrative. Year-To-Date: 69446.7. Date: 02/24/2012. Summary: FEDERAL SHARE 343.74, NONFEDERAL SHARE 611.1, TOTAL AMOUNT 954.84.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 983.10, 1747.74, 2730.84.

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: Zayo Enterprise Networks. Transaction ID: H4-410601-873537-e. Includes fields for Mailing Address, City (Dallas, TX), Zip Code (75395-0001), Purpose of Disbursement (Internet Service), Activity or Event Identifier (1000:ADMINISTRATION B 211), and Allocated Activity or Event (Administrative checked). Totals: FEDERAL SHARE 601.25, NONFEDERAL SHARE 1068.9, TOTAL AMOUNT 1670.15.

Form B: Empty form for disbursement entry.

Form C: Empty form for disbursement entry.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for Subtotal: FEDERAL SHARE 601.25, NONFEDERAL SHARE 1068.90, TOTAL AMOUNT 1670.15

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 8865.54, NONFEDERAL SHARE 15760.97, TOTAL AMOUNT 24626.51