

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
REPUBLICAN PARTY OF MINNESOTA

ADDRESS (number and street) 525 PARK STREET
SUITE 250
 Check if different than previously reported. (ACC)
ST PAUL MN 55103

2. **FEC IDENTIFICATION NUMBER** C00001313
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2003 through 01 31 2003

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 Anthony Sutton

Signature of Treasurer Electronically Filed by Anthony Sutton Date 05 09 2008

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**

Write or Type Committee Name
REPUBLICAN PARTY OF MINNESOTA

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	3

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	3

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>3</td></tr></table>	Y	Y	Y	Y	2	0	0	3		91913.86
Y	Y	Y	Y							
2	0	0	3							
(b) Cash on Hand at Beginning of Reporting Period	91913.86									
(c) Total Receipts (from Line 19)	98329.24	98329.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	190243.10	190243.10								
7. Total Disbursements (from Line 31)	196674.28	196674.28								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-6431.18	-6431.18								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	116528.63									

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	3

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	3

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	27180.00	27180.00
(i) Itemized (use Schedule A)	43647.62	43647.62
(ii) Unitemized	70827.62	70827.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	70827.62	70827.62
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	2300.00	2300.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	201.62	201.62
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	25000.00	25000.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	25000.00	25000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	98329.24	98329.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	73329.24	73329.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	18064.76	18064.76
(ii) Non-Federal Share.....	46452.15	46452.15
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	64516.91	64516.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	12200.00	12200.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	119957.37	119957.37
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	119957.37	119957.37
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	196674.28	196674.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	150222.13	150222.13

DETAILED SUMMARY PAGE
of Disbursements

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)	70827.62	70827.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70827.62	70827.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18064.76	18064.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	2300.00	2300.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15764.76	15764.76

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 82
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial)
Elam Baer

Mailing Address 2104 Girard Ave S

City State Zip Code
Minneapolis MN 55405

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

Name of Employer Occupation
New Tel CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2003

Transaction ID: SA11AI.4104

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Craig Bentdahl

Mailing Address 4530 Casco Ave

City State Zip Code
Edina MN 55424

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

Name of Employer Occupation
Excel Bank President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2003

Transaction ID: SA11AI.4106

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Rodney Burwell

Mailing Address 7901 Xerxes Ave S

City State Zip Code
Minneapolis MN 55431

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

Name of Employer Occupation
Proform Inc CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2003

Transaction ID: SA11AI.4108

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 82
	<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

A.	Full Name (Last, First, Middle Initial) Walter Carpenter		Date of Receipt	
	Mailing Address 4724 Emerson Ave S		M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 3	
	City	State	Zip Code	Transaction ID: SA11AI.4110
	Minneapolis	MN	55409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Wauconia Tree Farms		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Mr. Elliott Cobb		Date of Receipt	
	Mailing Address 10509 Purdey Road		M M / D D / Y Y Y Y Y 0 1 / 2 2 / 2 0 0 3	
	City	State	Zip Code	Transaction ID: SA11AI.4112
	Eden Prairie	MN	55347	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer ECA Marketing		Occupation Insurance Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) John Cotter		Date of Receipt	
	Mailing Address 10918 Yukon Ave S		M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 3	
	City	State	Zip Code	Transaction ID: SA11AI.4114
	Bloomington	MN	55438	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Larkin Hoffman		Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 82
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Greiner

Mailing Address 4760 Lodge Lane

City Greenwood State MN Zip Code 55331

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

Name of Employer RBC Capital Markets Occupation Investment Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 28 / 2003

Transaction ID: SA11AI.4116

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Kenneth Heithoff

Mailing Address 3705 Northome Rd

City Deephaven State MN Zip Code 55391

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

Name of Employer Heithoff and Asoo Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 30 / 2003

Transaction ID: SA11AI.4118

Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
Bradley Hillstrom

Mailing Address 2933 Westwood Rd S

City Minnetonka Beach State MN Zip Code 55405

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 01 / 22 / 2003

Transaction ID: SA11AI.4120

Amount of Each Receipt this Period 560.00

SUBTOTAL of Receipts This Page (optional) ▶ 4060.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 82		
	<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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) James Holmquist	Date of Receipt MM / DD / YYYY 01 / 22 / 2003
	Mailing Address 2310 Oak Glen Court	Transaction ID: SA11AI.4122
	City State Zip Code Stillwater MN 55082	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Holmquist Consulting President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Stanley Hubbard	Date of Receipt MM / DD / YYYY 01 / 30 / 2003
	Mailing Address RR 1	Transaction ID: SA11AI.4124
	City State Zip Code Lakeland MN 55043	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Hubbard Broadcasting Inc Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) Martin Kellogg	Date of Receipt MM / DD / YYYY 01 / 22 / 2003
	Mailing Address 339 Mount Curve Blvd.	Transaction ID: SA11AI.4126
	City State Zip Code St. Paul MN 55105	Amount of Each Receipt this Period 1030.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation EFE, Inc. Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1030.00	

SUBTOTAL of Receipts This Page (optional)	▶	4530.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 82
	<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

A.	Full Name (Last, First, Middle Initial) Robert Klas	Date of Receipt MM / DD / YYYY 01 / 22 / 2003
	Mailing Address 892 Marie Ave. W.	Transaction ID: SA11AI.4128
	City State Zip Code Mendota Heights MN 55118	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Tapemark Occupation Chairman of the Board Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Les Knoke, Jr	Date of Receipt MM / DD / YYYY 01 / 22 / 2003
	Mailing Address 2504 Brookview Drive	Transaction ID: SA11AI.4130
	City State Zip Code Burnsville MN 55337	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Knoke & Associates Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Les Knoke, Jr	Date of Receipt MM / DD / YYYY 01 / 29 / 2003
	Mailing Address 2504 Brookview Drive	Transaction ID: SA11AI.4131
	City State Zip Code Burnsville MN 55337	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Knoke & Associates Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5030.00	

SUBTOTAL of Receipts This Page (optional)	6030.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 11 / 82
(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

A. Full Name (Last, First, Middle Initial)
Lois Martin

Mailing Address 2460 Sunrise Drive

City State Zip Code
Saint Paul MN 55117

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

Name of Employer 3M Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2003

Transaction ID: SA11AI.4133

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Scott Melbye

Mailing Address 2224 Lukewood Dr

City State Zip Code
Chanhausen MN 55317

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

Name of Employer Target Corp Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2003

Transaction ID: SA11AI.4135

Amount of Each Receipt this Period
500.00

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

Mailing Address 18050 Bearpath Trl

City State Zip Code
Eden Prairie MN 55347

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

Name of Employer Transion Inc Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2003

Transaction ID: SA11AI.4137

Amount of Each Receipt this Period
560.00

SUBTOTAL of Receipts This Page (optional) ► 1560.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 82
	<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

A.	Full Name (Last, First, Middle Initial) Ronald Schutz		Date of Receipt MM / DD / YYYY 01 / 30 / 2003		
	Mailing Address 865 Navajo Rd		Transaction ID: SA11AI.4139		
	City Hamel	State MN	Zip Code 55340	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Robins, Kaplan, Miller	Occupation Attorney	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Joel Schwieters		Date of Receipt MM / DD / YYYY 01 / 09 / 2003		
	Mailing Address 6400 Keswick Ave. N.		Transaction ID: SA11AI.4141		
	City Stillwater	State MN	Zip Code 55082	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer J L Schwieters Const. Inc.	Occupation Executive	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) John Schwieters		Date of Receipt MM / DD / YYYY 01 / 22 / 2003		
	Mailing Address 19 High Point Rd		Transaction ID: SA11AI.4143		
	City White Bear Lake	State MN	Zip Code 55110	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer J L Schwieters Const. Inc.	Occupation Owner	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	27180.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 82	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) David Hickey		Date of Receipt
	Mailing Address 2375 Archer Lane North		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2003"/>
	City Plymouth	State MN	Zip Code 55447
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: SA15.8778
	Name of Employer		Occupation
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="2300.00"/> Refund - Computer Purchase
Aggregate Year-to-Date ▼		<input type="text" value="2300.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2300.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2300.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Duke Powell Victory Committee	Transaction ID: SB29.8665 Date of Disbursement
	Mailing Address 13612 Upton Avenue S	<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2003"/>
	City Burnsville State MN Zip Code 55337	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation (Non-Federal) Candidate Name	<input type="text" value="2200.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) State Account	Transaction ID: SB29.8951 Date of Disbursement
	Mailing Address 444 Cedar St	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2003"/>
	City St Paul State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement Correct Dep Error E.Gage Contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) State Account	Transaction ID: SB29.8952 Date of Disbursement
	Mailing Address 444 Cedar St	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2003"/>
	City St Paul State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement Correct Dep Error G. Palucci Contributio Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12200.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="12200.00"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Joni Aanenson</p> <p>Mailing Address 2534 Hamlet Ave N</p> <p>City Oakdale State MN Zip Code 55128</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4149</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="3"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="244.72"/></p>
<p>B. Full Name (Last, First, Middle Initial) Jason Aebli</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4151</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="3"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="412.37"/></p>
<p>C. Full Name (Last, First, Middle Initial) Alliance Bank</p> <p>Mailing Address 444 Cedar Street</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8781</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="3"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9263.33"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9920.42"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Alliance Bank</p> <p>Mailing Address 444 Cedar Street</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8779</p> <p>Date of Disbursement 01 / 09 / 2003</p> <p>Amount of Each Disbursement this Period 1981.66</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Alliance Bank</p> <p>Mailing Address 444 Cedar Street</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8782</p> <p>Date of Disbursement 01 / 14 / 2003</p> <p>Amount of Each Disbursement this Period 9181.02</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Alliance Bank</p> <p>Mailing Address 444 Cedar Street</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8786</p> <p>Date of Disbursement 01 / 17 / 2003</p> <p>Amount of Each Disbursement this Period 4668.73</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15831.41

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)

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<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

<p>A. Full Name (Last, First, Middle Initial) Alliance Bank</p> <p>Mailing Address 444 Cedar Street</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8788</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1161.93"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) Christopher Alt</p> <p>Mailing Address 2210 Bloomington Ave</p> <p>City Minneapolis State MN Zip Code 55404</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4153</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="266.18"/></p> <p>Category/Type: <input type="text"/></p>
<p>C. Full Name (Last, First, Middle Initial) Michael J. Anderson</p> <p>Mailing Address 475 Dayton Ave #1 #228</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4155</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="205.79"/></p> <p>Category/Type: <input type="text"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1633.90"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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

A.	Full Name (Last, First, Middle Initial) Peter M. Baillon Mailing Address 4 Baillon Lane City St. Mary's Point State MN Zip Code 55043 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4157 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 3	Amount of Each Disbursement this Period 200.86
B.	Full Name (Last, First, Middle Initial) Mary Berg Mailing Address 16049 272nd St City Lindstrom State MN Zip Code 55045 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4159 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 3	Amount of Each Disbursement this Period 1353.86
C.	Full Name (Last, First, Middle Initial) Katie Bernardy Mailing Address 8352 N 27th St City St Paul State MN Zip Code 55103 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4161 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 3	Amount of Each Disbursement this Period 335.23

SUBTOTAL of Disbursements This Page (optional)	1889.95
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)

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<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

A.	Full Name (Last, First, Middle Initial) Jonathan Blake	Transaction ID: SB30B.4163 Date of Disbursement 01 / 15 / 2003
	Mailing Address 7330 Gallagher Dr #345	Amount of Each Disbursement this Period 942.15
	City Edina State MI Zip Code 55435	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jonathan Blake	Transaction ID: SB30B.4164 Date of Disbursement 01 / 31 / 2003
	Mailing Address 7330 Gallagher Dr #345	Amount of Each Disbursement this Period 1227.04
	City Edina State MI Zip Code 55435	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Peter Boyd	Transaction ID: SB30B.4166 Date of Disbursement 01 / 24 / 2003
	Mailing Address 680 Stewart Ave PB	Amount of Each Disbursement this Period 552.40
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	2721.59
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)

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<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

A.	Full Name (Last, First, Middle Initial) Michael Brodkorb	Transaction ID: SB30B.4168 Date of Disbursement
	Mailing Address 4513 Cedar Lake Rd	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2003"/>
	City St Louis Park State MN Zip Code 55416	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1387.77"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Michael Brodkorb	Transaction ID: SB30B.4169 Date of Disbursement
	Mailing Address 4513 Cedar Lake Rd	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2003"/>
	City St Louis Park State MN Zip Code 55416	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1387.77"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) George Cable	Transaction ID: SB30B.4171 Date of Disbursement
	Mailing Address 12215 Lake Ln	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2003"/>
	City Lindstrom State MN Zip Code 55045	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1161.09"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3936.63"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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

A. Full Name (Last, First, Middle Initial) George Cable <hr/> Mailing Address 12215 Lake Ln <hr/> City Lindstrom State MN Zip Code 55045 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4172 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 3
	Amount of Each Disbursement this Period 1161.09
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Joel Cary <hr/> Mailing Address 1290 Loma Linda Ln <hr/> City Mound State MN Zip Code 55364 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4174 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 3
	Amount of Each Disbursement this Period 2286.88
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Joel Cary <hr/> Mailing Address 1290 Loma Linda Ln <hr/> City Mound State MN Zip Code 55364 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4175 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 3
	Amount of Each Disbursement this Period 2286.88
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5734.85

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

A. Full Name (Last, First, Middle Initial) Richard Chrysler <hr/> Mailing Address 757 Upper Colonial Dr <hr/> City St Paul State MN Zip Code 55107 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4177 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 3
	Amount of Each Disbursement this Period 204.59
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Richard Chrysler <hr/> Mailing Address 757 Upper Colonial Dr <hr/> City St Paul State MN Zip Code 55107 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4178 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 3
	Amount of Each Disbursement this Period 164.44
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) John Dalberg <hr/> Mailing Address 1526 Oakwood Ter <hr/> City St Paul State MN Zip Code 55126 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4180 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 3
	Amount of Each Disbursement this Period 1441.53
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1810.56
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)

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<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

A.	Full Name (Last, First, Middle Initial) John Dalberg Mailing Address 1526 Oakwood Ter City St Paul State MN Zip Code 55126 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4181 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 3 Amount of Each Disbursement this Period 1749.29
B.	Full Name (Last, First, Middle Initial) Patty Daugherty Mailing Address 1395a Farrington City St Paul State MN Zip Code 55104 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4183 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 3 Amount of Each Disbursement this Period 341.33
C.	Full Name (Last, First, Middle Initial) Patty Daugherty Mailing Address 1395a Farrington City St Paul State MN Zip Code 55104 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4184 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 3 Amount of Each Disbursement this Period 453.89

SUBTOTAL of Disbursements This Page (optional) ▶

2544.51

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

A. Full Name (Last, First, Middle Initial) Steven Flinchpaugh <hr/> Mailing Address 260 Duke St <hr/> City St Paul State MN Zip Code 55102 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4186 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 3
	Amount of Each Disbursement this Period 511.55
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Clinton Foster <hr/> Mailing Address 386 Sterling St S <hr/> City St Paul State MN Zip Code 55119 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4188 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 3
	Amount of Each Disbursement this Period 317.59
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Ross R. Fredrickson <hr/> Mailing Address 1462 Janett Ave. <hr/> City St. Michael State MN Zip Code 55376 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4190 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 3
	Amount of Each Disbursement this Period 256.44
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1085.58

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)

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<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

A.	Full Name (Last, First, Middle Initial) Jim Hansen	Transaction ID: SB30B.4195
	Mailing Address 3701 28th Ave S	Date of Disbursement 01 / 14 / 2003
	City Minneapolis State MN Zip Code 55406	Amount of Each Disbursement this Period 1417.05
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jim Hansen	Transaction ID: SB30B.4196
	Mailing Address 3701 28th Ave S	Date of Disbursement 01 / 31 / 2003
	City Minneapolis State MN Zip Code 55406	Amount of Each Disbursement this Period 1417.05
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sarah Hansen-Jones	Transaction ID: SB30B.4198
	Mailing Address 505 E Hoyt Ave	Date of Disbursement 01 / 10 / 2003
	City St Paul State MN Zip Code 55105	Amount of Each Disbursement this Period 254.12
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3088.22
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

<p>A. Full Name (Last, First, Middle Initial) Sarah Hansen-Jones</p> <p>Mailing Address 505 E Hoyt Ave</p> <p>City St Paul State MN Zip Code 55105</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4199</p> <p>Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 508.28</p>
<p>B. Full Name (Last, First, Middle Initial) Aaron Heidebrink</p> <p>Mailing Address 1975 W University Ave #242</p> <p>City St Paul State MN Zip Code 55105</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4201</p> <p>Date of Disbursement 01 / 10 / 2003</p> <p>Amount of Each Disbursement this Period 414.80</p>
<p>C. Full Name (Last, First, Middle Initial) Aaron Heidebrink</p> <p>Mailing Address 1975 W University Ave #242</p> <p>City St Paul State MN Zip Code 55105</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4202</p> <p>Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 610.56</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1533.64

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)

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<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

A.	Full Name (Last, First, Middle Initial) Andrew Holmgren	Transaction ID: SB30B.4204 Date of Disbursement
	Mailing Address 545 N Snelling Ave Apt 227	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2003"/>
	City St Paul State MN Zip Code 55107	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="418.62"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Andrew Holmgren	Transaction ID: SB30B.4205 Date of Disbursement
	Mailing Address 545 N Snelling Ave Apt 227	<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2003"/>
	City St Paul State MN Zip Code 55107	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="647.11"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Ronald Huettl	Transaction ID: SB30B.4207 Date of Disbursement
	Mailing Address 70 Virginia St #1	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2003"/>
	City St Paul State MN Zip Code 55107	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1011.29"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2077.02"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

A.	Full Name (Last, First, Middle Initial) Ronald Huettl	Transaction ID: SB30B.4208 Date of Disbursement 01 / 31 / 2003
	Mailing Address 70 Virginia St #1	Amount of Each Disbursement this Period 1011.29
	City St Paul State MN Zip Code 55107	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) David Hunt	Transaction ID: SB30B.4210 Date of Disbursement 01 / 24 / 2003
	Mailing Address 680 Stewart Ave	Amount of Each Disbursement this Period 507.73
	City St Paul State MN Zip Code 55107	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jefferson Pilot Financial Ins	Transaction ID: SB30B.9117 Date of Disbursement 01 / 01 / 2003
	Mailing Address PO Box 2976	Amount of Each Disbursement this Period 738.27
	City Omaha State NE Zip Code 68103	
	Purpose of Disbursement Insurance Expense Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2257.29
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

A.

Full Name (Last, First, Middle Initial)
Daniel Katz

Transaction ID: SB30B.4212
Date of Disbursement

Mailing Address 731 21st, Ave. - Campus Box 1465

/ /

City Minneapolis State MN Zip Code 55454

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Daniel Katz

Transaction ID: SB30B.4213
Date of Disbursement

Mailing Address 731 21st, Ave. - Campus Box 1465

/ /

City Minneapolis State MN Zip Code 55454

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
John Kirchner

Transaction ID: SB30B.4215
Date of Disbursement

Mailing Address 402 Marshall Ave

/ /

City St Paul State MN Zip Code 55102

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

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)

**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)

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<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

<p>A. Full Name (Last, First, Middle Initial) John Kirchner</p> <p>Mailing Address 402 Marshall Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4216</p> <p>Date of Disbursement 01 / 31 / 2003</p> <p>Amount of Each Disbursement this Period 1465.10</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Matthew Kline</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4218</p> <p>Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 507.79</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Michael Krueger</p> <p>Mailing Address 1265 Rolling Oaks Ln</p> <p>City Hutchinson State MN Zip Code 55350</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4220</p> <p>Date of Disbursement 01 / 15 / 2003</p> <p>Amount of Each Disbursement this Period 750.10</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2722.99

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

<p>A. Full Name (Last, First, Middle Initial) Michael Krueger</p> <p>Mailing Address 1265 Rolling Oaks Ln</p> <p>City Hutchinson State MN Zip Code 55350</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4221 Date of Disbursement 01 / 31 / 2003</p> <p>Amount of Each Disbursement this Period 572.63</p>
<p>B. Full Name (Last, First, Middle Initial) Roger Loberg</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4223 Date of Disbursement 01 / 10 / 2003</p> <p>Amount of Each Disbursement this Period 334.65</p>
<p>C. Full Name (Last, First, Middle Initial) Roger Loberg</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4224 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 230.64</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1137.92

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)

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<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

<p>A. Full Name (Last, First, Middle Initial) Aleko Loughrey</p> <p>Mailing Address 111 E Kellogg Blvd #2911</p> <p>City St Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4226 Date of Disbursement 01 / 10 / 2003</p> <p>Amount of Each Disbursement this Period 286.69</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Aleko Loughrey</p> <p>Mailing Address 111 E Kellogg Blvd #2911</p> <p>City St Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4227 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 186.62</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Jodi Lowthian</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4229 Date of Disbursement 01 / 10 / 2003</p> <p>Amount of Each Disbursement this Period 246.32</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

719.63

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)

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<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

<p>A. Full Name (Last, First, Middle Initial) Jodi Lowthian</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4230 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 172.15</p>
<p>B. Full Name (Last, First, Middle Initial) Jeannette Manning</p> <p>Mailing Address 749 Ottawa Ave</p> <p>City St Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4232 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 450.15</p>
<p>C. Full Name (Last, First, Middle Initial) Shaun McEachern</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4234 Date of Disbursement 01 / 10 / 2003</p> <p>Amount of Each Disbursement this Period 228.53</p>

SUBTOTAL of Disbursements This Page (optional)	850.83
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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

A.

Full Name (Last, First, Middle Initial)
Shaun McEachern

Transaction ID: SB30B.4235
Date of Disbursement

Mailing Address 680 Stewart Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	0	3

City St Paul State MN Zip Code 55102

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

309.55

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Kevin McIntyre

Transaction ID: SB30B.4237
Date of Disbursement

Mailing Address 680 Stewart Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	0	3

City St Paul State MN Zip Code 55102

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

461.41

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Andrew McKechnie

Transaction ID: SB30B.4239
Date of Disbursement

Mailing Address 303 Penns Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	0	3

City Malvern State PA Zip Code 19355

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

391.16

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1162.12

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)

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<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

A.	Full Name (Last, First, Middle Initial) Landrey McKinzie	Transaction ID: SB30B.4241 Date of Disbursement 01 / 10 / 2003
	Mailing Address 7338 Jewel Ave S	Amount of Each Disbursement this Period 299.77
	City Cottage Grove State MN Zip Code 55016	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Landrey McKinzie	Transaction ID: SB30B.4242 Date of Disbursement 01 / 24 / 2003
	Mailing Address 7338 Jewel Ave S	Amount of Each Disbursement this Period 368.19
	City Cottage Grove State MN Zip Code 55016	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Medica Choice	Transaction ID: SB30B.9119 Date of Disbursement 01 / 01 / 2003
	Mailing Address PO Box 86	Amount of Each Disbursement this Period 6821.59
	City Minneapolis State MN Zip Code 55485	
	Purpose of Disbursement Insurance Expense Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7489.55
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)

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<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

<p>A. Full Name (Last, First, Middle Initial) William Milbach</p> <p>Mailing Address 1438 N Pascal</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4244 Date of Disbursement 01 / 10 / 2003</p> <p>Amount of Each Disbursement this Period 788.43</p>
<p>B. Full Name (Last, First, Middle Initial) William Milbach</p> <p>Mailing Address 1438 N Pascal</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4245 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 841.01</p>
<p>C. Full Name (Last, First, Middle Initial) Corey Miltimore</p> <p>Mailing Address 7245 Guilder Dr #222</p> <p>City St Paul State MN Zip Code 55125</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4247 Date of Disbursement 01 / 15 / 2003</p> <p>Amount of Each Disbursement this Period 2567.01</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4196.45

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 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

<p>A. Full Name (Last, First, Middle Initial) Corey Miltimore</p> <p>Mailing Address 7245 Guilder Dr #222</p> <p>City St Paul State MN Zip Code 55125</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4248</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="3"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2567.01"/></p>
<p>B. Full Name (Last, First, Middle Initial) Minnesota Department of Revenue</p> <p>Mailing Address PO Box 821</p> <p>City St Paul State MN Zip Code 55115</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8790</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="3"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1550.51"/></p>
<p>C. Full Name (Last, First, Middle Initial) Minnesota Department of Revenue</p> <p>Mailing Address PO Box 821</p> <p>City St Paul State MN Zip Code 55115</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8791</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="3"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="565.73"/></p>

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

A.	Full Name (Last, First, Middle Initial) Minn UC Fund	Transaction ID: SB30B.8792 Date of Disbursement
	Mailing Address PO Box 821	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2003"/>
	City Minneapolis State MN Zip Code 55480	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1066.84"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Adam Mohler	Transaction ID: SB30B.4250 Date of Disbursement
	Mailing Address 3924 Cedar Grove Pkwy Apt 207	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2003"/>
	City Eagan State MN Zip Code 55122	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="488.68"/>
	Candidate Name	<input type="text" value=""/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Adam Mohler	Transaction ID: SB30B.4251 Date of Disbursement
	Mailing Address 3924 Cedar Grove Pkwy Apt 207	<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2003"/>
	City Eagan State MN Zip Code 55122	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="748.67"/>
	Candidate Name	<input type="text" value=""/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2304.19"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

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)

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<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

A.	Full Name (Last, First, Middle Initial) Harry Niezgocki	Transaction ID: SB30B.4253 Date of Disbursement 01 / 14 / 2003
	Mailing Address 8261 Red Oak Dr	Amount of Each Disbursement this Period 520.00
	City Stillwater State MN Zip Code 55082	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Harry Niezgocki	Transaction ID: SB30B.4254 Date of Disbursement 01 / 26 / 2003
	Mailing Address 8261 Red Oak Dr	Amount of Each Disbursement this Period 945.00
	City Stillwater State MN Zip Code 55082	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tyja O'Neal	Transaction ID: SB30B.4256 Date of Disbursement 01 / 24 / 2003
	Mailing Address 1334 Ames Ave #314	Amount of Each Disbursement this Period 211.20
	City St Paul State MN Zip Code 55106	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1676.20
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)

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<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

A.	Full Name (Last, First, Middle Initial) Yvonne Offenstein	Transaction ID: SB30B.4258 Date of Disbursement
	Mailing Address 622 Mariner Way	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2003"/>
	City St Paul State MN Zip Code 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1215.59"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Yvonne Offenstein	Transaction ID: SB30B.4259 Date of Disbursement
	Mailing Address 622 Mariner Way	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2003"/>
	City St Paul State MN Zip Code 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1215.59"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dana Payne	Transaction ID: SB30B.4261 Date of Disbursement
	Mailing Address 8601 Edenbrook Crossing	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2003"/>
	City Minneapolis State MN Zip Code 55402	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="509.38"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2940.56"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Dana Payne</p> <p>Mailing Address 8601 Edenbrook Crossing</p> <p>City Minneapolis State MN Zip Code 55402</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4262</p> <p>Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 926.36</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Lori-Anne Pizzella</p> <p>Mailing Address 680 Stewart Ave LP</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8533</p> <p>Date of Disbursement 01 / 10 / 2003</p> <p>Amount of Each Disbursement this Period 76.81</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Lori-Anne Pizzella</p> <p>Mailing Address 680 Stewart Ave LP</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8541</p> <p>Date of Disbursement 01 / 10 / 2003</p> <p>Amount of Each Disbursement this Period 87.56</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1090.73

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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

<p>A. Full Name (Last, First, Middle Initial) Lori-Anne Pizzella</p> <p>Mailing Address 680 Stewart Ave LP</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4265 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 562.88</p>
<p>B. Full Name (Last, First, Middle Initial) John Powell</p> <p>Mailing Address 13165 Crolley Ct</p> <p>City Rosemount State MN Zip Code 55068</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4267 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 473.46</p>
<p>C. Full Name (Last, First, Middle Initial) Larissa Presho</p> <p>Mailing Address 2608 Plymouth Ave N</p> <p>City Minneapolis State MN Zip Code 55411</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4269 Date of Disbursement 01 / 15 / 2003</p> <p>Amount of Each Disbursement this Period 723.42</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1759.76

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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

A. Full Name (Last, First, Middle Initial) Larissa Presho <hr/> Mailing Address 2608 Plymouth Ave N <hr/> City Minneapolis State MN Zip Code 55411 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4270 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 3
	Amount of Each Disbursement this Period 723.42
	Category/Type
	Category/Type
B. Full Name (Last, First, Middle Initial) Chad Raschke <hr/> Mailing Address 2514 Woodlynn Ave <hr/> City Maplewood State MN Zip Code 55109 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4272 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 3
	Amount of Each Disbursement this Period 375.60
	Category/Type
	Category/Type
C. Full Name (Last, First, Middle Initial) Chad Raschke <hr/> Mailing Address 2514 Woodlynn Ave <hr/> City Maplewood State MN Zip Code 55109 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4273 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 3
	Amount of Each Disbursement this Period 460.67
	Category/Type
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1559.69

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

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(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

A.	Full Name (Last, First, Middle Initial) Jeffrey Richter	Transaction ID: SB30B.4275 Date of Disbursement 01 / 10 / 2003
	Mailing Address 825 Kansas Ave	Amount of Each Disbursement this Period 343.81
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jeffrey Richter	Transaction ID: SB30B.4276 Date of Disbursement 01 / 24 / 2003
	Mailing Address 825 Kansas Ave	Amount of Each Disbursement this Period 420.87
	City St Paul State MN Zip Code 55102	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Greg Rueff	Transaction ID: SB30B.4278 Date of Disbursement 01 / 15 / 2003
	Mailing Address 3312 Lawrence Rd	Amount of Each Disbursement this Period 1100.83
	City Minneapolis State MN Zip Code 55417	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1865.51
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

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<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

<p>A. Full Name (Last, First, Middle Initial) Greg Rueff</p> <p>Mailing Address 3312 Lawrence Rd</p> <p>City Minneapolis State MN Zip Code 55417</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4279 Date of Disbursement 01 / 31 / 2003</p> <p>Amount of Each Disbursement this Period 1100.83</p>
<p>B. Full Name (Last, First, Middle Initial) David Rupprecht</p> <p>Mailing Address 1550 Edgerton St Apt 303</p> <p>City St Paul State MN Zip Code 55105</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4281 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 169.24</p>
<p>C. Full Name (Last, First, Middle Initial) Stephanie Sansfield</p> <p>Mailing Address 640 N. Chatsworth</p> <p>City St. Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4283 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 241.78</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1511.85

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

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

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Detailed Summary Page

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<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

<p>A. Full Name (Last, First, Middle Initial) Jeff Sieck</p> <p>Mailing Address 120 Ruth Street Suite 1</p> <p>City St. Paul State MN Zip Code 55119</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4285 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 238.27</p>
<p>B. Full Name (Last, First, Middle Initial) Patrick Smyth</p> <p>Mailing Address 1731 Thoams Ave #44</p> <p>City St Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4287 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 269.18</p>
<p>C. Full Name (Last, First, Middle Initial) Jonas Steinbell</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4289 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 322.14</p>

SUBTOTAL of Disbursements This Page (optional) ▶

829.59

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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

<p>A. Full Name (Last, First, Middle Initial) Jonas Steinbell</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4290 Date of Disbursement 01 / 27 / 2003</p> <p>Amount of Each Disbursement this Period 91.20</p>
<p>B. Full Name (Last, First, Middle Initial) John Suder</p> <p>Mailing Address 680 Stewart Ave JS</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4292 Date of Disbursement 01 / 10 / 2003</p> <p>Amount of Each Disbursement this Period 494.97</p>
<p>C. Full Name (Last, First, Middle Initial) John Suder</p> <p>Mailing Address 680 Stewart Ave JS</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4293 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 640.39</p>

SUBTOTAL of Disbursements This Page (optional)	1226.56
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<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

<p>A. Full Name (Last, First, Middle Initial) Anthony Sutton</p> <p>Mailing Address 914 Euclid St</p> <p>City St Paul State MN Zip Code 55106</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4295 Date of Disbursement 01 / 31 / 2003</p> <p>Amount of Each Disbursement this Period 1238.10</p>
<p>B. Full Name (Last, First, Middle Initial) Marina Taubenberger</p> <p>Mailing Address 7 Bent Tree Ct</p> <p>City North Oaks State MN Zip Code 55127</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4297 Date of Disbursement 01 / 03 / 2003</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>C. Full Name (Last, First, Middle Initial) John Thacker</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4299 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 396.07</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5634.17

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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

A.	Full Name (Last, First, Middle Initial) Dwight Tostenson	Transaction ID: SB30B.4301 Date of Disbursement 01 / 15 / 2003
	Mailing Address 5137 William Ave	Amount of Each Disbursement this Period 3145.97
	City Edina State MN Zip Code 55436	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dwight Tostenson	Transaction ID: SB30B.4302 Date of Disbursement 01 / 31 / 2003
	Mailing Address 5137 William Ave	Amount of Each Disbursement this Period 3145.97
	City Edina State MN Zip Code 55436	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) William Walsh	Transaction ID: SB30B.4304 Date of Disbursement 01 / 15 / 2003
	Mailing Address 15808 Foxhill Ave N	Amount of Each Disbursement this Period 2367.98
	City Hugo State MN Zip Code 55038	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	8659.92
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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

A.	Full Name (Last, First, Middle Initial) William Walsh <hr/> Mailing Address 15808 Foxhill Ave N <hr/> City Hugo State MN Zip Code 55038 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4305 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 3 <hr/> Amount of Each Disbursement this Period 1599.54
B.	Full Name (Last, First, Middle Initial) Skyler Weinand <hr/> Mailing Address 1269 Reaney Ave <hr/> City St Paul State MN Zip Code 55104 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4307 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 3 <hr/> Amount of Each Disbursement this Period 212.00
C.	Full Name (Last, First, Middle Initial) Tracy Wellman <hr/> Mailing Address 680 Stewar Ave <hr/> City St. Paul State MN Zip Code 55102 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.4309 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 3 <hr/> Amount of Each Disbursement this Period 253.85

SUBTOTAL of Disbursements This Page (optional) ▶	2065.39
TOTAL This Period (last page this line number only) ▶	[]

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

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(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

<p>A. Full Name (Last, First, Middle Initial) Tracy Wellman</p> <p>Mailing Address 680 Stewar Ave</p> <p>City St. Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4310 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 560.84</p>
<p>B. Full Name (Last, First, Middle Initial) Shawn Wetther</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4312 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 220.09</p>
<p>C. Full Name (Last, First, Middle Initial) Philip Williamson</p> <p>Mailing Address 680 Stewart Ave</p> <p>City St Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.4314 Date of Disbursement 01 / 24 / 2003</p> <p>Amount of Each Disbursement this Period 554.23</p>

SUBTOTAL of Disbursements This Page (optional)	1335.16
TOTAL This Period (last page this line number only)	115353.82

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Button Works			Nature of Debt (Purpose): Buttons for Coleman
Mailing Address 925 So. Robert Street			
City St. Paul	State MN	ZIP Code 55118	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.9052	
Amount Incurred This Period <input type="text" value="1146.01"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1146.01"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Direct			Nature of Debt (Purpose): Party Printing Expense
Mailing Address 1270 Eagan Industrial Rd			
City St Paul	State MN	ZIP Code 55121	

Outstanding Balance Beginning This Period <input type="text" value="3702.72"/>		Transaction ID: SD10.9085	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3702.72"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Direct			Nature of Debt (Purpose): Palm Cards for volunteer mailing
Mailing Address 1270 Eagan Industrial Rd			
City St Paul	State MN	ZIP Code 55121	

Outstanding Balance Beginning This Period <input type="text" value="2315.42"/>		Transaction ID: SD10.9089	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2315.42"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="7164.15"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Direct			Nature of Debt (Purpose): Palm Cards for volunteer mailing
Mailing Address 1270 Eagan Industrial Rd			
City St Paul	State MN	ZIP Code 55121	

Outstanding Balance Beginning This Period 4369.87		Transaction ID: SD10.9090	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4369.87	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joel Cary			Nature of Debt (Purpose): Telephone, computer supplies
Mailing Address 1290 Loma Linda Ln			
City Mound	State MN	ZIP Code 55364	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.9055	
Amount Incurred This Period 3667.51	Payment This Period 0.00	Outstanding Balance at Close of This Period 3667.51	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor City of Eagan			Nature of Debt (Purpose): Police Security
Mailing Address 3830 Pilot Knob Road			
City Eagan	State MN	ZIP Code 55122	

Outstanding Balance Beginning This Period 3000.00		Transaction ID: SD10.9094	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00	

1) SUBTOTALS This Period This Page (optional).....	11037.38
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) 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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Compusa			Nature of Debt (Purpose): Computer supplies
Mailing Address PO Box 300016			
City Minneapolis	State MN	ZIP Code 55403	

Outstanding Balance Beginning This Period		Transaction ID: SD10.9058	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
692.24	0.00	692.24	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corporate Service Group, Inc			Nature of Debt (Purpose): Office & Clerical Expense
Mailing Address 801 Nicollet Mall #1860			
City Minneapolis	State MN	ZIP Code 55402	

Outstanding Balance Beginning This Period		Transaction ID: SD10.9046	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1510.81	0.00	1510.81	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct Mail Systems			Nature of Debt (Purpose): Party Printing Expense
Mailing Address 12450 AUtomobile Blvd			
City Clearwater	State FL	ZIP Code 33762	

Outstanding Balance Beginning This Period		Transaction ID: SD10.9087	
27286.89			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	27286.89	

1) SUBTOTALS This Period This Page (optional).....	▶	29489.94
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) 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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct Mail Systems	Nature of Debt (Purpose): Party Printing Expense
Mailing Address 12450 AUtomobile Blvd	
City State ZIP Code Clearwater FL 33762	

Outstanding Balance Beginning This Period 12347.42	Transaction ID: SD10.9088	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12347.42

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct Mail Systems	Nature of Debt (Purpose): Party Printing Expense
Mailing Address 12450 AUtomobile Blvd	
City State ZIP Code Clearwater FL 33762	

Outstanding Balance Beginning This Period 2909.40	Transaction ID: SD10.9091	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2909.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct Mail Systems	Nature of Debt (Purpose): Party Printing Expense
Mailing Address 12450 AUtomobile Blvd	
City State ZIP Code Clearwater FL 33762	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.9064	
Amount Incurred This Period 15905.38	Payment This Period 0.00	Outstanding Balance at Close of This Period 15905.38

1) SUBTOTALS This Period This Page (optional).....	▶	31162.20
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) 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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Thomas Ellenbecker			Nature of Debt (Purpose): Telephone, mileage, supplies
Mailing Address 130 6th Ave NW			
City St Joseph	State MN	ZIP Code 56374	

Outstanding Balance Beginning This Period 2147.56		Transaction ID: SD10.9082	
Amount Incurred This Period 0.00	Payment This Period 2147.56	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lucinda Forsberg			Nature of Debt (Purpose): Salary
Mailing Address 627 Fairview Ave. S			
City St. Paul	State MN	ZIP Code 55116	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.9043	
Amount Incurred This Period 1000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hunt's Office Furniture			Nature of Debt (Purpose): Office Furniture
Mailing Address 470 N Cleveland			
City St Paul	State MN	ZIP Code 55104	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.9032	
Amount Incurred This Period 502.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 502.90	

1) SUBTOTALS This Period This Page (optional).....	1502.90
2) TOTALS This Period (last page this line number only).....	[]
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	[]
4) ADD 2) and 3) 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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jefferson Pilot Financial Ins			Nature of Debt (Purpose): Insurance Expense
Mailing Address PO Box 2976			
City Omaha	State NE	ZIP Code 68103	

Outstanding Balance Beginning This Period 738.27		Transaction ID: SD10.9095	
Amount Incurred This Period 0.00	Payment This Period 738.27	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keefe Co			Nature of Debt (Purpose): Parking Expense
Mailing Address 4410 Polaris Ln			
City Minneapolis	State MN	ZIP Code 55446	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.9076	
Amount Incurred This Period 1084.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1084.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Kirchner			Nature of Debt (Purpose): Airfare, meals, hotel
Mailing Address 402 Marshall Ave			
City St Paul	State MN	ZIP Code 55102	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.9061	
Amount Incurred This Period 1736.47	Payment This Period 0.00	Outstanding Balance at Close of This Period 1736.47	

1) SUBTOTALS This Period This Page (optional).....	2820.47
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) 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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Medica Choice			Nature of Debt (Purpose): Insurance Expense
Mailing Address PO Box 86			
City Minneapolis	State MN	ZIP Code 55485	

Outstanding Balance Beginning This Period 6821.59		Transaction ID: SD10.9096	
Amount Incurred This Period 0.00	Payment This Period 6821.59	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Medica Choice			Nature of Debt (Purpose): Insurance expense
Mailing Address PO Box 86			
City Minneapolis	State MN	ZIP Code 55485	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.9067	
Amount Incurred This Period 7119.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 7119.40	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corey Miltimore			Nature of Debt (Purpose): Airfare, meals, telephone, supplies
Mailing Address 7245 Guilder Dr #222			
City St Paul	State MN	ZIP Code 55125	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.9079	
Amount Incurred This Period 1927.29	Payment This Period 0.00	Outstanding Balance at Close of This Period 1927.29	

1) SUBTOTALS This Period This Page (optional).....	9046.69
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) 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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Harry Niezgocki			Nature of Debt (Purpose): Salary
Mailing Address 8261 Red Oak Dr			
City Stillwater	State MN	ZIP Code 55082	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.9073	
Amount Incurred This Period <input type="text" value="525.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="525.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Onvoy			Nature of Debt (Purpose): Internet Expense
Mailing Address PO Box 1450			
City Minneapolis	State MN	ZIP Code 55485	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.9049	
Amount Incurred This Period <input type="text" value="4837.06"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4837.06"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Priority Envelope			Nature of Debt (Purpose): Envelopes
Mailing Address PO Box 1521			
City Minneapolis	State MN	ZIP Code 55480	

Outstanding Balance Beginning This Period <input type="text" value="1069.96"/>		Transaction ID: SD10.9092	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1069.96"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="6432.02"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Resolution Graphics	Nature of Debt (Purpose): Party Printing Expense
Mailing Address 2816 Anthony Ln S	
City State ZIP Code Minneapolis MN 55418	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.9040	
Amount Incurred This Period 1367.46	Payment This Period 0.00	Outstanding Balance at Close of This Period 1367.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Brandi Schumacher	Nature of Debt (Purpose): Telephone expense
Mailing Address 1929 Fremont Ave S #25	
City State ZIP Code Minneapolis MN 55403	

Outstanding Balance Beginning This Period 883.45	Transaction ID: SD10.9093	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 883.45

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Screen Tech	Nature of Debt (Purpose): Party Printing Expense
Mailing Address 1261 Arundel Street	
City State ZIP Code St. Paul MN 55117	

Outstanding Balance Beginning This Period 8000.00	Transaction ID: SD10.9086	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8000.00

1) SUBTOTALS This Period This Page (optional).....	10250.91
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) 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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SMD Copy Systems			Nature of Debt (Purpose): Telephone Expense
Mailing Address 6520 W Lake St			
City Minneapolis	State MN	ZIP Code 55408	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.9037	
Amount Incurred This Period <input type="text" value="621.97"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="621.97"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Telecommunications			Nature of Debt (Purpose): Political calling not spec. candidate
Mailing Address 2402 University Avenue W			
City St. Paul	State MN	ZIP Code 55114	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.9070	
Amount Incurred This Period <input type="text" value="7000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7000.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="7621.97"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="116528.63"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="116528.63"/>

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED 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)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
 REPUBLICAN PARTY OF MINNESOTA

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 H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE 63 / 82

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MINNESOTA

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.
For PACs Only : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

Fundraising Event - (10/10/2003) (10/10/2003)

ACTIVITY IS:

 Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

 New Revised Same as Previously Reported

FEDERAL %

28.00 %

NONFEDERAL %

72.00 %Transaction ID:
H2.8213

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 REPUBLICAN PARTY OF MINNESOTA

NAME OF ACCOUNT REPUBLICAN PARTY OF MINNESOTA	DATE OF RECEIPT M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 3	TOTAL AMOUNT TRANSFERRED 12000.00
---	---	--------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	12000.00	Transaction ID: H3.8214
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL 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

NAME OF ACCOUNT REPUBLICAN PARTY OF MINNESOTA	DATE OF RECEIPT M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 3	TOTAL AMOUNT TRANSFERRED 13000.00
---	---	--------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	13000.00	Transaction ID: H3.8215
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	25000.00
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	25000.00

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Auto Owner's Insurance			Type of Allocated Activity: <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 30278			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">869.71</div>	
City	State	Zip Code	Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
Lansing	MI	48909		
Purpose of Disbursement: Insurance Expense			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 01 / 2003</div>	
Activity or Event Identifier: Administrative			Transaction ID: H4.4319	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
243.52		626.19		869.71

B. Full Name (Last, First, Middle Initial) Jefferson Pilot Financial Ins			Type of Allocated Activity: <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 2976			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">559.71</div>	
City	State	Zip Code	Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
Omaha	NE	68103		
Purpose of Disbursement: Refund - Insurance Expense			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 02 / 2003</div>	
Activity or Event Identifier: Administrative			Transaction ID: H4.9430	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-86.80		-223.20		-310.00

C. Full Name (Last, First, Middle Initial) Direct Mail Systems			Type of Allocated Activity: <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 12450 AUtomobile Blvd			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">21909.71</div>	
City	State	Zip Code	Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
Clearwater	FL	33762		
Purpose of Disbursement: Party Printing Expense			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 03 / 2003</div>	
Activity or Event Identifier: Administrative			Transaction ID: H4.4323	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5978.00		15372.00		21350.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6134.72		15774.99		21909.71

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Griggs Midway Building			Type of Allocated Activity: <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 1821 University Ave			Allocated Activity or Event Year-To-Date 22000.71		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2003"/>		
St Paul	MN	55104			
Purpose of Disbursement: Storage			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.4330		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.48		65.52		91.00

B. Full Name (Last, First, Middle Initial) Pinnacle Direct			Type of Allocated Activity: <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 15260 - 113th St. N			Allocated Activity or Event Year-To-Date 23408.03		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2003"/>		
Stillwater	MN	55082			
Purpose of Disbursement: Party Printing Expense			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.4332		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
394.05		1013.27		1407.32

C. Full Name (Last, First, Middle Initial) One Net USA			Type of Allocated Activity: <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 4445 W 77th St Ste 207			Allocated Activity or Event Year-To-Date 26743.85		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2003"/>		
Edina	MN	55435			
Purpose of Disbursement: Telephone Expense			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.4334		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
934.03		2401.79		3335.82

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1353.56		3480.58		4834.14

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Compusa			Type of Allocated Activity: <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 300016			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: center;">27063.35</div>	
City Minneapolis	State MN	Zip Code 55403	Date M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 3 Transaction ID: H4.4336	
Purpose of Disbursement: Telephone Expense		Category/ Type		
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89.46		230.04		319.50

B. Full Name (Last, First, Middle Initial) Richard Reiss & Asso			Type of Allocated Activity: <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 8030 Cedar Ave S Ste 200			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: center;">27188.22</div>	
City Minneapolis	State MN	Zip Code 55420	Date M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 3 Transaction ID: H4.4338	
Purpose of Disbursement: Payroll Service		Category/ Type		
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.96		89.91		124.87

C. Full Name (Last, First, Middle Initial) Towle Real Estate			Type of Allocated Activity: <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 86			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: center;">33426.04</div>	
City Minneapolis	State MN	Zip Code 55486	Date M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 3 Transaction ID: H4.4340	
Purpose of Disbursement: Rent		Category/ Type		
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1746.59		4491.23		6237.82

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1871.01		4811.18		6682.19

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial)
Greg Rueff
Mailing Address
3312 Lawrence Rd
City State Zip Code
Minneapolis MN 55417
Purpose of Disbursement:
Office Supplies
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
33444.10
Date 01 / 03 / 2003
Transaction ID: H4.4341

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
5.06 + 13.00 = 18.06

B. Full Name (Last, First, Middle Initial)
Mary Gibbons
Mailing Address
14825 Williamsburg Curve
City State Zip Code
Burnsville MN 55306
Purpose of Disbursement:
Telephone Expense
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
33482.45
Date 01 / 03 / 2003
Transaction ID: H4.4343

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
10.74 + 27.61 = 38.35

C. Full Name (Last, First, Middle Initial)
William Walsh
Mailing Address
15808 Foxhill Ave N
City State Zip Code
Hugo MN 55038
Purpose of Disbursement:
Telephone & mileage
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
33798.06
Date 01 / 03 / 2003
Transaction ID: H4.4346

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
88.37 + 227.24 = 315.61

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
104.17 + 267.85 = 372.02

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Allegra Print & Imaging			Type of Allocated Activity: <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 4444 W. 76th St.			Allocated Activity or Event Year-To-Date 33864.06		
City Edina	State MN	Zip Code 55435	Date <input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: Printing Expense			Transaction ID: H4.4348		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.48		47.52		66.00

B. Full Name (Last, First, Middle Initial) Department of Adm.			Type of Allocated Activity: <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 117 University Ave Suite 301			Allocated Activity or Event Year-To-Date 34209.56		
City St. Paul	State MN	Zip Code 55155	Date <input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: Rent podium, chairs,			Transaction ID: H4.4350		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
96.74		248.76		345.50

C. Full Name (Last, First, Middle Initial) Sweetwater Grill			Type of Allocated Activity: <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 161 St Anthony Ave			Allocated Activity or Event Year-To-Date 35069.56		
City St Paul	State MN	Zip Code 55103	Date <input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: Food			Transaction ID: H4.4352		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
240.80		619.20		860.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
356.02		915.48		1271.50

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) REPUBLICAN NATIONAL COMMITTEE - RNC			Type of Allocated Activity: <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 310 FIRST STREET SE			Allocated Activity or Event Year-To-Date 35154.56		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2003"/>		
WASHINGTON	DC	20003			
Purpose of Disbursement: Registration fee			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.4354		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.80		61.20		85.00

B. Full Name (Last, First, Middle Initial) Midwest Design Co.			Type of Allocated Activity: <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 140 West 98th St. Suite 215			Allocated Activity or Event Year-To-Date 35554.56		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2003"/>		
Bloomington	MN	55420			
Purpose of Disbursement: Design new logo			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.4356		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
112.00		288.00		400.00

C. Full Name (Last, First, Middle Initial) City of Loretto			Type of Allocated Activity: <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 259 North Medina Street			Allocated Activity or Event Year-To-Date 35652.06		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2003"/>		
Loretto	MN	55357			
Purpose of Disbursement: Lists purchase			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.4358		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.30		70.20		97.50

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
163.10		419.40		582.50

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Elan Merchant Services			Type of Allocated Activity: <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 7300 Chapman Highway			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">36166.77</div>	
City	State	Zip Code	Category/ Type	
Knoxville	TN	37920		
Purpose of Disbursement: Merchant Card Fees			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; text-align: center;">0 1 / 0 3 / 2 0 0 3</div>	
Activity or Event Identifier: Administrative			Transaction ID: H4.8219	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
144.12		370.59		514.71

B. Full Name (Last, First, Middle Initial) North Star Properties			Type of Allocated Activity: <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 1552 Prairie Hill Rd			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">38166.77</div>	
City	State	Zip Code	Category/ Type	
St Cloud	MN	56301		
Purpose of Disbursement: Rent			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; text-align: center;">0 1 / 0 9 / 2 0 0 3</div>	
Activity or Event Identifier: Administrative			Transaction ID: H4.4362	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
560.00		1440.00		2000.00

C. Full Name (Last, First, Middle Initial) Majority Strategies			Type of Allocated Activity: <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 274 Marconi Blvd. Suite 260			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">39166.77</div>	
City	State	Zip Code	Category/ Type	
Columbia	OH	43215		
Purpose of Disbursement: Party Printing Expense			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; text-align: center;">0 1 / 0 9 / 2 0 0 3</div>	
Activity or Event Identifier: Administrative			Transaction ID: H4.4364	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
280.00		720.00		1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
984.12		2530.59		3514.71

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) X-Cel Energy			Type of Allocated Activity: <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 9477			Allocated Activity or Event Year-To-Date 40166.77		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2003"/>		
Minneapolis	MN	55484			
Purpose of Disbursement: Room - State Convention			Category/Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.4366		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
280.00		720.00		1000.00

B. Full Name (Last, First, Middle Initial) Frontier			Type of Allocated Activity: <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 60 Church St			Allocated Activity or Event Year-To-Date 40210.05		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2003"/>		
Glowersville	NY	12078			
Purpose of Disbursement: Telephone Expense			Category/Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.4368		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.12		31.16		43.28

C. Full Name (Last, First, Middle Initial) Alliance Bank			Type of Allocated Activity: <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 444 Cedar Street			Allocated Activity or Event Year-To-Date 39090.05		
City	State	Zip Code	Date <input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2003"/>		
St. Paul	MN	55101			
Purpose of Disbursement: Refund - Bank Fees			Category/Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.8768		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-313.60		-806.40		-1120.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-21.48		-55.24		-76.72

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Thomas Ellenbecker			Type of Allocated Activity: <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 130 6th Ave NW			Allocated Activity or Event Year-To-Date 41237.61		
City St Joseph	State MN	Zip Code 56374	Date <small>M M / D D / Y Y Y Y</small> 01 / 09 / 2003		
Purpose of Disbursement: Telephone, mileage, supplies			Transaction ID: H4.9083		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
601.32		1546.24		2147.56

B. Full Name (Last, First, Middle Initial) Kinkos			Type of Allocated Activity: <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 30 E 7th St #101B			Allocated Activity or Event Year-To-Date 41517.17		
City St Paul	State MN	Zip Code 55101	Date <small>M M / D D / Y Y Y Y</small> 01 / 14 / 2003		
Purpose of Disbursement: Party Printing Expense			Transaction ID: H4.4374		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
78.28		201.28		279.56

C. Full Name (Last, First, Middle Initial) Jonathan Blake			Type of Allocated Activity: <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 7330 Gallagher Dr #345			Allocated Activity or Event Year-To-Date 41807.68		
City Edina	State MI	Zip Code 55435	Date <small>M M / D D / Y Y Y Y</small> 01 / 14 / 2003		
Purpose of Disbursement: Telephone & mileage			Transaction ID: H4.4375		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
81.34		209.17		290.51

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
760.94		1956.69		2717.63

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Keefe Co			Type of Allocated Activity: <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 4410 Polaris Ln			Allocated Activity or Event Year-To-Date [42891.68]	
City	State	Zip Code	Category/ Type []	
Minneapolis	MN	55446		
Purpose of Disbursement: Parking Expense			Date M M / D D / Y Y Y Y [0 1 / 1 4 / 2 0 0 3]	
Activity or Event Identifier: Administrative			Transaction ID: H4.4377	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[303.52]		[780.48]		[1084.00]

B. Full Name (Last, First, Middle Initial) Becker Cty Republican Party			Type of Allocated Activity: <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 1514 Willard Ave.			Allocated Activity or Event Year-To-Date [42955.92]	
City	State	Zip Code	Category/ Type []	
Detroit Lakes	MN	56501		
Purpose of Disbursement: Telephone Rentals			Date M M / D D / Y Y Y Y [0 1 / 1 4 / 2 0 0 3]	
Activity or Event Identifier: Administrative			Transaction ID: H4.4379	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[17.99]		[46.25]		[64.24]

C. Full Name (Last, First, Middle Initial) US Postmaster			Type of Allocated Activity: <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 401 E Kellogg			Allocated Activity or Event Year-To-Date [43991.92]	
City	State	Zip Code	Category/ Type []	
St Paul	MN	55101		
Purpose of Disbursement: Postage Expense			Date M M / D D / Y Y Y Y [0 1 / 1 4 / 2 0 0 3]	
Activity or Event Identifier: Administrative			Transaction ID: H4.4381	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[290.08]		[745.92]		[1036.00]

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[611.59]		[1572.65]		[2184.24]

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[]	[]	[]

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Jim Hansen			Type of Allocated Activity: <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 3701 28th Ave S			Allocated Activity or Event Year-To-Date 44119.56		
City Minneapolis	State MN	Zip Code 55406	Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: Meals			Transaction ID: H4.4384		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.74		91.90		127.64

B. Full Name (Last, First, Middle Initial) Wells Fargo Bank Minnesota NA			Type of Allocated Activity: <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 St. Paul Office PO Box B 514			Allocated Activity or Event Year-To-Date 44158.19		
City Minneapolis	State MN	Zip Code 55479	Date <input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: Bank Service Fee			Transaction ID: H4.8226		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.82		27.81		38.63

C. Full Name (Last, First, Middle Initial) Wiessner Insurance			Type of Allocated Activity: <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 250 S Hamline Ave			Allocated Activity or Event Year-To-Date 44173.19		
City St Paul	State MN	Zip Code 55105	Date <input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: Liability Insurance			Transaction ID: H4.4389		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.20		10.80		15.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.76		130.51		181.27

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Purchase Power			Type of Allocated Activity: <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 85042			Allocated Activity or Event Year-To-Date 47230.19		
City Louisville	State KY	Zip Code 40285	Date MM / DD / YYYY 01 / 22 / 2003		
Purpose of Disbursement: Postage Expense			Transaction ID: H4.4391		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
855.96		2201.04		3057.00

B. Full Name (Last, First, Middle Initial) US Postmaster			Type of Allocated Activity: <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 401 E Kellogg			Allocated Activity or Event Year-To-Date 49046.89		
City St Paul	State MN	Zip Code 55101	Date MM / DD / YYYY 01 / 22 / 2003		
Purpose of Disbursement: Postage Expense			Transaction ID: H4.4392		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
508.68		1308.02		1816.70

C. Full Name (Last, First, Middle Initial) Kinkos			Type of Allocated Activity: <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 30 E 7th St #101B			Allocated Activity or Event Year-To-Date 49502.23		
City St Paul	State MN	Zip Code 55101	Date MM / DD / YYYY 01 / 22 / 2003		
Purpose of Disbursement: Party Printing Expense			Transaction ID: H4.4393		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
127.50		327.84		455.34

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1492.14		3836.90		5329.04

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial)
McDonald's
Mailing Address
2357 Lotus Ave. N.
City State Zip Code
Minneapolis MN 55437
Purpose of Disbursement:
Gift Certificate - Incentive Program
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
49752.23
Date MM / DD / YYYY
01 / 26 / 2003
Transaction ID: H4.4397

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
70.00		180.00		250.00

B. Full Name (Last, First, Middle Initial)
Alliance Bank
Mailing Address
444 Cedar Street
City State Zip Code
St. Paul MN 55101
Purpose of Disbursement:
Cash - Incentive Program
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
50252.23
Date MM / DD / YYYY
01 / 26 / 2003
Transaction ID: H4.4398

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
140.00		360.00		500.00

C. Full Name (Last, First, Middle Initial)
Eschelon
Mailing Address
PO Box 952261
City State Zip Code
St Louis MO 63195
Purpose of Disbursement:
Telephone Expense
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
52969.35
Date MM / DD / YYYY
01 / 26 / 2003
Transaction ID: H4.4400

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
760.79		1956.33		2717.12

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
970.79		2496.33		3467.12

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Larissa Presho			Type of Allocated Activity: <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 2608 Plymouth Ave N			Allocated Activity or Event Year-To-Date 53074.35		
City Minneapolis	State MN	Zip Code 55411	Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: Office Supplies			Transaction ID: H4.4401		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.40		75.60		105.00

B. Full Name (Last, First, Middle Initial) Becker Cty Republican Party			Type of Allocated Activity: <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 1514 Willard Ave.			Allocated Activity or Event Year-To-Date 53274.35		
City Detroit Lakes	State MN	Zip Code 56501	Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: Telephone Rentals			Transaction ID: H4.4402		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.00		144.00		200.00

C. Full Name (Last, First, Middle Initial) Digital Data Systems			Type of Allocated Activity: <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 2118 55th Ave N			Allocated Activity or Event Year-To-Date 54524.35		
City Minneapolis	State MN	Zip Code 55430	Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: List Enhancement			Transaction ID: H4.4404		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
350.00		900.00		1250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
435.40		1119.60		1555.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Ralph Olson			Type of Allocated Activity: <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 821 Willow Lane			Allocated Activity or Event Year-To-Date 54632.23		
City Grand Rapids	State MN	Zip Code 55744	Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: Mileage			Transaction ID: H4.4406		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.21		77.67		107.88

B. Full Name (Last, First, Middle Initial) Larissa Presho			Type of Allocated Activity: <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 2608 Plymouth Ave N			Allocated Activity or Event Year-To-Date 54672.23		
City Minneapolis	State MN	Zip Code 55411	Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: Postage Expense			Transaction ID: H4.4407		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.20		28.80		40.00

C. Full Name (Last, First, Middle Initial) Kinkos			Type of Allocated Activity: <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 30 E 7th St #101B			Allocated Activity or Event Year-To-Date 54918.88		
City St Paul	State MN	Zip Code 55101	Date <input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: Party Printing Expense			Transaction ID: H4.4408		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
69.06		177.59		246.65

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
110.47		284.06		394.53

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) US Postmaster			Type of Allocated Activity: <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 401 E Kellogg			Allocated Activity or Event Year-To-Date 56304.53		
City St Paul	State MN	Zip Code 55101	Date <input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: Postage Expense			Transaction ID: H4.4409		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
387.98		997.67		1385.65

B. Full Name (Last, First, Middle Initial) Alliance Bank			Type of Allocated Activity: <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 444 Cedar Street			Allocated Activity or Event Year-To-Date 56309.53		
City St. Paul	State MN	Zip Code 55101	Date <input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: Bank Service Fee			Transaction ID: H4.4412		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.40		3.60		5.00

C. Full Name (Last, First, Middle Initial) Alliance Bank			Type of Allocated Activity: <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 444 Cedar Street			Allocated Activity or Event Year-To-Date 56516.91		
City St. Paul	State MN	Zip Code 55101	Date <input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2003"/>		
Purpose of Disbursement: Bank Service Fee			Transaction ID: H4.8218		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.07		149.31		207.38

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
447.45		1150.58		1598.03

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial)
Fundraising Associates

Mailing Address
7705 Tanglewood Ct

City	State	Zip Code
Minneapolis	MN	55439

Purpose of Disbursement:
General Party Fundraising Consulting

Activity or Event Identifier:
Fundraising Event - (10/10/2003)(10/10/2-003)

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

Allocated Activity or Event Year-To-Date
4000.00

Date / /
Transaction ID: H4.8773

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1120.00		2880.00		4000.00

B. Full Name (Last, First, Middle Initial)
Fundraising Associates

Mailing Address
7705 Tanglewood Ct

City	State	Zip Code
Minneapolis	MN	55439

Purpose of Disbursement:
General Party Fundraising Consulting

Activity or Event Identifier:
Fundraising Event - (10/10/2003)(10/10/2-003)

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

Allocated Activity or Event Year-To-Date
8000.00

Date / /
Transaction ID: H4.8775

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1120.00		2880.00		4000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2240.00		5760.00		8000.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
18064.76		46452.15		64516.91