25020321089
25020321089

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
05 JUL 20 PM 12: 49

Office Use Only

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

A Lot of People Supporting Tom Daschle Inc

ADDRESS (number and street) ▼ PO Box 1656

Check if different than previously reported. (ACC)

Sioux Falls | SD | 57101

2. FEC IDENTIFICATION NUMBER ▼ — CITY ▲ — STATE ▲ — ZIP CODE ▲

C00080655

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

STATE ▼ DISTRICT: SD

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on ____ In the State of ____

(c) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on ____ In the State of ____

5. Covering Period 04 01 2005 through 06 30 2005

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: Tom Yseth

Signature of Treasurer: Tom Yseth Date 07 15 2005

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 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

A Lot of People Supporting Tom Daschle Inc

Report Covering the Period: From: M M 04 D D 01 Y Y Y Y 2005 To: M M 06 D D 30 Y Y Y Y 2005

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	809.28
(b) Total Contribution Refunds (from Line 20(d))	0.00	31299.12
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	-30489.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	107126.38	1132737.07
(b) Total Offsets to Operating Expenditures (from Line 14)	1205.15	134415.36
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	105921.23	998321.71
8. Cash on Hand at Close of Reporting Period (from Line 27)	545264.50	
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)	0.00	

For further information contact:

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

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

25020321091

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
A Lot of People Supporting Tom Daschle Inc

Report Covering the Period: From: MM 04 DD 01 YYYY 2005 To: MM 06 DD 30 YYYY 2005

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL of contributions from Individuals ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACS)	0.00	809.28
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	809.28
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	4045.43
13. LOANS		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1205.15	134415.36
15. OTHER RECEIPTS (Dividends, Interest, etc.)	2361.98	74033.44
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	3567.13	213303.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	107126.38	1132737.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of all Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	14300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	16999.12
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	31299.12
21. OTHER DISBURSEMENTS	22100.00	43050.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷	129226.38	1207086.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	670923.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 18, page3)	3567.13
25. SUBTOTAL (add Line 23 and Line 24)	674490.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	129226.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	545264.50

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 42
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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

NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Midcontinent Communications
Mailing Address PO Box 5010
City: Sioux Falls
State: SD
Zip Code: 57101-5010
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 1047.21

Date of Receipt: 06 / 07 / 2005
Transaction ID: C1155987
Amount of Each Receipt this Period: 272.62
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Refund

B.
Full Name (Last, First, Middle Initial)
Jeffrey Nussbaum
Mailing Address 1824 S St NW Apt 301
City: Washington
State: DC
Zip Code: 20009-5137
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Writer
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 347.00

Date of Receipt: 06 / 02 / 2005
Transaction ID: C1155986
Amount of Each Receipt this Period: 347.00
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Travel Reimbursement

C.
Full Name (Last, First, Middle Initial)
Orbitcom
Mailing Address 1701 N Louise Ave
City: Sioux Falls
State: SD
Zip Code: 57107-0210
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 228.48

Date of Receipt: 05 / 19 / 2005
Transaction ID: C1155981
Amount of Each Receipt this Period: 228.48
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Refund

SUBTOTAL of Receipts This Page (optional) ▶ 848.10

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

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 42
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A. Full Name (Last, First, Middle Initial)
West River Telecommunications

Mailing Address PO Box 467

City: Hazen | State: ND | Zip Code: 58545-0467

FEC ID number of contributing federal political committee: C

Name of Employer

Occupation

Receipt For: 2010
X Primary General
Other (specify)

Election Cycle-to-Date: 348.00

Date of Receipt: M M / D D / Y Y Y Y 06 16 2005

Transaction ID: C1155986

Amount of Each Receipt this Period: 348.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Refund

SUBTOTAL of Receipts This Page (optional) ▶ 348.00

TOTAL This Period (last page this line number only) ▶ 1196.10

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank
Mailing Address 20 N Maple
City: Watertown State: SD Zip Code: 57201-3648
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 5461.12
Date of Receipt: 04 01 2005
Transaction ID: C1161570
Amount of Each Receipt this Period: 754.77
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest Income

B.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank
Mailing Address 20 N Maple
City: Watertown State: SD Zip Code: 57201-3648
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 5461.12
Date of Receipt: 05 02 2005
Transaction ID: C1161572
Amount of Each Receipt this Period: 760.90
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest Income

C.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank
Mailing Address 20 N Maple
City: Watertown State: SD Zip Code: 57201-3648
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 5461.12
Date of Receipt: 06 01 2005
Transaction ID: C1161576
Amount of Each Receipt this Period: 825.86
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Interest Income

SUBTOTAL of Receipts This Page (optional) ▶ 2341.53

TOTAL This Period (last page this line number only) ▶ 2341.53

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

PAGE 8 / 42

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A. Full Name (Last, First, Middle Initial)
Aberdeen Flying Service

Mailing Address: Municipal Airport

City: Aberdeen | State: SD | Zip Code: 57401

Purpose of Disbursement: Travel Expense

Candidate Name:

Category/Type:

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: D61397
Date of Disbursement: 06 / 09 / 2005

Amount of Each Disbursement this Period: 7494.36

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Ace Crawford

Mailing Address: 3910 Yucca Dr

City: Rapid City | State: SD | Zip Code: 57702-3147

Purpose of Disbursement: Travel Expense Reimbursement

Candidate Name:

Category/Type:

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: D61086
Date of Disbursement: 05 / 19 / 2005

Amount of Each Disbursement this Period: 115.86

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Ashley Magargee

Mailing Address: 373 50th Street

City: Oakland | State: CA | Zip Code: 94609

Purpose of Disbursement: Printing Expense

Candidate Name:

Category/Type:

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: D61113
Date of Disbursement: 05 / 05 / 2005

Amount of Each Disbursement this Period: 460.03

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 8070.25

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A. Full Name (Last, First, Middle Initial)
Avalon Caters International

Mailing Address 109 Clermont Ave

City: Alexandria State: VA Zip Code: 22304

Purpose of Disbursement: Catering Expense

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary General Other (specify)

Category/Type

Transaction ID: D60960
Date of Disbursement: 04 / 27 / 2005

Amount of Each Disbursement this Period: 20511.13

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Best Western Ramkota Inn – Aberdeen

Mailing Address 1400 8th Avenue NW

City: Aberdeen, State: SD Zip Code: 57401

Purpose of Disbursement: Catering Expense

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary General Other (specify)

Category/Type

Transaction ID: D60926
Date of Disbursement: 04 / 13 / 2005

Amount of Each Disbursement this Period: 5585.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Block Productions

Mailing Address 1408 S. Grange Ave.

City: Sioux Falls State: SD Zip Code: 57105

Purpose of Disbursement: Event Music/Lights

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary General Other (specify)

Category/Type

Transaction ID: D60922
Date of Disbursement: 04 / 05 / 2005

Amount of Each Disbursement this Period: 264.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 26360.48

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Boen & Associates, Inc.
Mailing Address 307 W. 41st St.
City: Sioux Falls State: SD Zip Code: 57105
Purpose of Disbursement: Insurance Premium
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary General / Other (specify)
Category/Type
Transaction ID: D60915
Date of Disbursement: 04 / 21 / 2005
Amount of Each Disbursement this Period: 565.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Business Aviation
Mailing Address 3501 N. Aviation Avenue
City: Sioux Falls State: SD Zip Code: 57104
Purpose of Disbursement: Travel Expense
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary General / Other (specify)
Category/Type
Transaction ID: D60923
Date of Disbursement: 04 / 13 / 2005
Amount of Each Disbursement this Period: 1225.66
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Business Aviation
Mailing Address 3501 N. Aviation Avenue
City: Sioux Falls State: SD Zip Code: 57104
Purpose of Disbursement: Travel Expense
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary General / Other (specify)
Category/Type
Transaction ID: D61085
Date of Disbursement: 05 / 11 / 2005
Amount of Each Disbursement this Period: 1314.77
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 3105.43

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

PAGE 11 / 42

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A. Full Name (Last, First, Middle Initial)
Cafe 334

Mailing Address 334 S Phillips Ave

City: Sioux Falls State: SD Zip Code: 57104

Purpose of Disbursement: Catering Expense

Candidate Name

Category/Type

Office Sought: House / Senate / President

Disbursement For: 2010 X Primary General Other (specify)

State: District:

Transaction ID: D60950
Date of Disbursement: 04 / 13 / 2005

Amount of Each Disbursement this Period: 1854.18

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Chelsea L. Peterson

Mailing Address 1302 S Lincoln St

City: Aberdeen State: SD Zip Code: 57401

Purpose of Disbursement: Event Labor

Candidate Name

Category/Type

Office Sought: House / Senate / President

Disbursement For: 2010 X Primary General Other (specify)

State: District:

Transaction ID: D60949
Date of Disbursement: 04 / 05 / 2005

Amount of Each Disbursement this Period: 500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Citizens Conferencing

Mailing Address PO Box 1053

City: Bedford Park, State: IL Zip Code: 60499-1053

Purpose of Disbursement: Phone Expense

Candidate Name

Category/Type

Office Sought: House / Senate / President

Disbursement For: 2010 X Primary General Other (specify)

State: District:

Transaction ID: D60927
Date of Disbursement: 04 / 05 / 2005

Amount of Each Disbursement this Period: 28.73

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 2382.91

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

25020321100

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER (check only one): [X] 17 [ ] 18 [ ] 19a [ ] 19b [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial): Citizens Conferencing
Mailing Address: PO Box 1053
City: Bedford Park, State: IL Zip Code: 60499-1053
Purpose of Disbursement: Phone Expense
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary / General / Other (specify)
Category/Type:
Transaction ID: D60928
Date of Disbursement: 04 / 21 / 2005
Amount of Each Disbursement this Period: 24.31
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Classic Chef
Mailing Address: 1712 S Minnesota Ave
City: Sioux Falls State: SD Zip Code: 57105
Purpose of Disbursement: Catering Expense
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary / General / Other (specify)
Category/Type:
Transaction ID: D60956
Date of Disbursement: 04 / 13 / 2005
Amount of Each Disbursement this Period: 7310.46
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): David W. Benson
Mailing Address: 918 Patrician Ct
City: Brandon State: SD Zip Code: 57005
Purpose of Disbursement: Salary
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary / General / Other (specify)
Category/Type:
Transaction ID: D60954
Date of Disbursement: 04 / 05 / 2005
Amount of Each Disbursement this Period: 1543.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 8877.77

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A. Full Name (Last, First, Middle Initial)
David W. Benson

Mailing Address 916 Patrician Ct

City: Brandon State: SD Zip Code: 57005

Purpose of Disbursement: Travel Reimbursement

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary General Other (specify)

Category/Type

Transaction ID: D60913

Date of Disbursement: 04 / 05 / 2005

Amount of Each Disbursement this Period: 172.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
David W. Benson

Mailing Address 916 Patrician Ct

City: Brandon State: SD Zip Code: 57005

Purpose of Disbursement: Event Supplies Reimbursement

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary General Other (specify)

Category/Type

Transaction ID: D60914

Date of Disbursement: 04 / 13 / 2005

Amount of Each Disbursement this Period: 66.12

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
DC Treasurer

Mailing Address PO Box 7792
Ben Franklin Station

City: Washington State: DC Zip Code: 20044

Purpose of Disbursement: Payroll Tax

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary General Other (specify)

Category/Type

Transaction ID: D60940

Date of Disbursement: 04 / 26 / 2005

Amount of Each Disbursement this Period: 147.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 385.72

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

25020321102

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Delta Dental
Mailing Address PO Box 1157
City: Pierre State: SD Zip Code: 57501
Purpose of Disbursement: Dental Insurance
Candidate Name:
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D60948
Date of Disbursement: 04 / 25 / 2005
Amount of Each Disbursement this Period: 99.80
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Delta Dental
Mailing Address PO Box 1157
City: Pierre State: SD Zip Code: 57501
Purpose of Disbursement: Dental Insurance
Candidate Name:
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D61101
Date of Disbursement: 05 / 27 / 2005
Amount of Each Disbursement this Period: 99.80
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Delta Dental
Mailing Address PO Box 1157
City: Pierre State: SD Zip Code: 57501
Purpose of Disbursement: Dental Insurance
Candidate Name:
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D61406
Date of Disbursement: 06 / 30 / 2005
Amount of Each Disbursement this Period: 71.80
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 271.40

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

25020321103

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A. Full Name (Last, First, Middle Initial)
DOES

Mailing Address: Employment Services Building, 500 C St. NW

City: Washington | State: DC | Zip Code: 20001

Purpose of Disbursement: Payroll Tax

Candidate Name:

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010
X Primary / General / Other (specify)

Transaction ID: D60916
Date of Disbursement: 04/28/2005

Amount of Each Disbursement this Period: 144.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Elderly Nutrition Center

Mailing Address: Hwy 1806

City: McLaughlin | State: SD | Zip Code: 57642

Purpose of Disbursement: Facility Rental

Candidate Name:

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010
X Primary / General / Other (specify)

Transaction ID: D60961
Date of Disbursement: 04/03/2005

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Electric Pulp

Mailing Address: 401 E. 8th Street, Suite 315

City: Sioux Falls | State: SD | Zip Code: 57103

Purpose of Disbursement: Computer Consultant

Candidate Name:

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010
X Primary / General / Other (specify)

Transaction ID: D60945
Date of Disbursement: 04/05/2005

Amount of Each Disbursement this Period: 63.55

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1207.55

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A. Full Name (Last, First, Middle Initial)
Electric Pulp

Mailing Address 401 E. 8th Street, Suite 315

City: Sioux Falls State: SD Zip Code: 57103

Purpose of Disbursement: Computer Consultant

Candidate Name:

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary / General / Other (specify)

Category/Type

Transaction ID: D60946
Date of Disbursement: 04 / 21 / 2005

Amount of Each Disbursement this Period: 158.88

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

Mailing Address 61 7th Ave South Apt H

City: New York State: NY Zip Code: 10014

Purpose of Disbursement: Printing Expense

Candidate Name:

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary / General / Other (specify)

Category/Type

Transaction ID: D61114
Date of Disbursement: 05 / 05 / 2005

Amount of Each Disbursement this Period: 480.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 332

City: Memphis State: TN Zip Code: 38101-0332

Purpose of Disbursement: Courier Expense

Candidate Name:

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary / General / Other (specify)

Category/Type

Transaction ID: D60936
Date of Disbursement: 04 / 05 / 2005

Amount of Each Disbursement this Period: 52.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 691.28

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one).
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 332

City Memphis | State TN | Zip Code 38101-0332

Purpose of Disbursement
Courier Expense

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: 2010
X Primary / General / Other (specify)

Category/Type

Transaction ID: D61094
Date of Disbursement 05 11 2005

Amount of Each Disbursement this Period
59.85

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Ellie A. Highstreet

Mailing Address PO Box 141
301 S Washington Ave

City Hurley | State SD | Zip Code 57036-0141

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: 2010
X Primary / General / Other (specify)

Category/Type

Transaction ID: D60962
Date of Disbursement 04 05 2005

Amount of Each Disbursement this Period
804.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Ellie A. Highstreet

Mailing Address PO Box 141
301 S Washington Ave

City Hurley | State SD | Zip Code 57036-0141

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: 2010
X Primary / General / Other (specify)

Category/Type

Transaction ID: D60944
Date of Disbursement 04 11 2005

Amount of Each Disbursement this Period
787.85

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1652.20

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A. Full Name (Last, First, Middle Initial)
Hildebrand Tewes Consulting, Inc

Mailing Address 326 E. 8th Street, Suite 105

City: Sioux Falls State: SD Zip Code: 57103

Purpose of Disbursement: Political Consultant

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: D61110
Date of Disbursement: 05 / 27 / 2005

Amount of Each Disbursement this Period: 2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Hildebrand Tewes Consulting, Inc

Mailing Address 326 E. 8th Street, Suite 105

City: Sioux Falls State: SD Zip Code: 57103

Purpose of Disbursement: Postage Reimbursement

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: D61111
Date of Disbursement: 05 / 27 / 2005

Amount of Each Disbursement this Period: 297.12

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Hildebrand Tewes Consulting, Inc

Mailing Address 326 E. 8th Street, Suite 105

City: Sioux Falls State: SD Zip Code: 57103

Purpose of Disbursement: Political Consultant

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: D60957
Date of Disbursement: 04 / 25 / 2005

Amount of Each Disbursement this Period: 2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 4297.12

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Hildebrand Tewes Consulting, Inc
Mailing Address 326 E. 6th Street, Suite 105
City Sioux Falls State SD Zip Code 57103
Purpose of Disbursement
Mailing Expense
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010
X Primary / General / Other (specify)
Category/Type
Transaction ID: D60959
Date of Disbursement 04 / 25 / 2005
Amount of Each Disbursement this Period 50.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Hildebrand Tewes Consulting, Inc
Mailing Address 326 E. 8th Street, Suite 105
City Sioux Falls State SD Zip Code 57103
Purpose of Disbursement
Political Consultant
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010
X Primary / General / Other (specify)
Category/Type
Transaction ID: D61408
Date of Disbursement 06 / 30 / 2005
Amount of Each Disbursement this Period 2000.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
JJ's Wine & Spirits
Mailing Address 4800 S Western Ave
City Sioux Falls State SD Zip Code 57105
Purpose of Disbursement
Catering Expense
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010
X Primary / General / Other (specify)
Category/Type
Transaction ID: D60963
Date of Disbursement 04 / 07 / 2005
Amount of Each Disbursement this Period 976.04
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 3026.04

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Jody Jordan
Mailing Address 2202 16th Ave NW
City: Aberdeen State: SD Zip Code: 57401-7910
Purpose of Disbursement: Event Labor
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
Disbursement For: 2010 X Primary General Other (specify)
State: District:
Transaction ID: D60925
Date of Disbursement: 04/05/2005
Amount of Each Disbursement this Period: 500.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
L. Martinez
Mailing Address
City: Pine Ridge State: SD Zip Code: 57770
Purpose of Disbursement: Event Labor
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
Disbursement For: 2010 X Primary General Other (specify)
State: District:
Transaction ID: D60964
Date of Disbursement: 04/03/2005
Amount of Each Disbursement this Period: 250.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Lakota Thrifty Mart
Mailing Address RR 5 Box 59
City: Crockett State: TX Zip Code: 75835
Purpose of Disbursement: Catering Expense
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
Disbursement For: 2010 X Primary General Other (specify)
State: District:
Transaction ID: D60953
Date of Disbursement: 04/03/2005
Amount of Each Disbursement this Period: 496.51
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1246.51**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A. Full Name (Last, First, Middle Initial)
Helen Majusiak

Mailing Address 821 North Maple

City Watertown State SD Zip Code 57201

Purpose of Disbursement
Salary

Candidate Name

Category/Type

Office Sought: House / Senate / President

Disbursement For: 2010
X Primary General
Other (specify)

State: District:

Transaction ID: D60934
Date of Disbursement 04 / 13 / 2005

Amount of Each Disbursement this Period
991.14

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Helen Majusiak

Mailing Address 821 North Maple

City Watertown State SD Zip Code 57201

Purpose of Disbursement
Salary

Candidate Name

Category/Type

Office Sought: House / Senate / President

Disbursement For: 2010
X Primary General
Other (specify)

State: District:

Transaction ID: D60935
Date of Disbursement 04 / 28 / 2005

Amount of Each Disbursement this Period
991.14

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Helen Majusiak

Mailing Address 821 North Maple

City Watertown State SD Zip Code 57201

Purpose of Disbursement
Salary

Candidate Name

Category/Type

Office Sought: House / Senate / President

Disbursement For: 2010
X Primary General
Other (specify)

State: District:

Transaction ID: D61091
Date of Disbursement 05 / 13 / 2005

Amount of Each Disbursement this Period
991.13

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2973.41

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A. Full Name (Last, First, Middle Initial)
Helen Majusiak

Mailing Address 821 North Maple

City: Watertown State: SD Zip Code: 57201

Purpose of Disbursement: Salary

Candidate Name

Category/Type

Office Sought: House / Senate / President

Disbursement For: 2010 [X] Primary General / Other (specify)

State: District:

Transaction ID: D61092
Date of Disbursement: 05/31/2005

Amount of Each Disbursement this Period: 991.14

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Helen Majusiak

Mailing Address 821 North Maple

City: Watertown State: SD Zip Code: 57201

Purpose of Disbursement: Salary

Candidate Name

Category/Type

Office Sought: House / Senate / President

Disbursement For: 2010 [X] Primary General / Other (specify)

State: District:

Transaction ID: D61402
Date of Disbursement: 06/14/2005

Amount of Each Disbursement this Period: 991.15

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Helen Majusiak

Mailing Address 821 North Maple

City: Watertown State: SD Zip Code: 57201

Purpose of Disbursement: Salary

Candidate Name

Category/Type

Office Sought: House / Senate / President

Disbursement For: 2010 [X] Primary General / Other (specify)

State: District:

Transaction ID: D61403
Date of Disbursement: 06/30/2005

Amount of Each Disbursement this Period: 991.13

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2973.42

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A. Full Name (Last, First, Middle Initial)
Nathan S. Peterson

Transaction ID: D60955
Date of Disbursement
04 / 05 / 2005

Mailing Address 430 Prentis Ave

City: Vermillion State: SD Zip Code: 57069

Amount of Each Disbursement this Period: 804.50

Purpose of Disbursement: Salary

Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House / Senate / President

Disbursement For: 2010 X Primary General Other (specify)

State: District:

B. Full Name (Last, First, Middle Initial)
NGP Software, Inc.

Transaction ID: D61087
Date of Disbursement
05 / 13 / 2005

Mailing Address 5039 Connecticut Avenue, NW Suite 1A

City: Washington State: DC Zip Code: 20015

Amount of Each Disbursement this Period: 375.00

Purpose of Disbursement: Computer Consultant

Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House / Senate / President

Disbursement For: 2010 X Primary General Other (specify)

State: District:

C. Full Name (Last, First, Middle Initial)
Perkins Coie

Transaction ID: D61095
Date of Disbursement
05 / 11 / 2005

Mailing Address 1201 Third Avenue, 40th Floor

City: Seattle State: WA Zip Code: 98101

Amount of Each Disbursement this Period: 115.70

Purpose of Disbursement: Legal Services

Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House / Senate / President

Disbursement For: 2010 X Primary General Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ 1295.20

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

25020321112

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial): Perkins Coie
Mailing Address: 1201 Third Avenue, 40th Floor
City: Seattle State: WA Zip Code: 98101
Purpose of Disbursement: Legal Services
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Category/Type
Transaction ID: D61096
Date of Disbursement: 05 / 27 / 2005
Amount of Each Disbursement this Period: 581.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Perkins Coie
Mailing Address: 1201 Third Avenue, 40th Floor
City: Seattle State: WA Zip Code: 98101
Purpose of Disbursement: Legal Services
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Category/Type
Transaction ID: D60937
Date of Disbursement: 04 / 21 / 2005
Amount of Each Disbursement this Period: 39.45
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Photo-Op, Inc.
Mailing Address: 6500 Reservoir Road
City: Fulton State: MD Zip Code: 20759
Purpose of Disbursement: Photography Expense
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Category/Type
Transaction ID: D61093
Date of Disbursement: 05 / 11 / 2005
Amount of Each Disbursement this Period: 792.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1412.45

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
PrairieWave
Mailing Address PO Box 88835
City Sioux Falls State SD Zip Code 57109
Purpose of Disbursement
Phone & Internet Expense
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010
X Primary / General / Other (specify)
Transaction ID: D60943
Date of Disbursement 04 / 21 / 2005
Amount of Each Disbursement this Period 39.10
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
PrairieWave
Mailing Address PO Box 88835
City Sioux Falls State SD Zip Code 57109
Purpose of Disbursement
Phone & Internet Expense
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010
X Primary / General / Other (specify)
Transaction ID: D61099
Date of Disbursement 05 / 27 / 2005
Amount of Each Disbursement this Period 98.41
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Rachel Condon
Mailing Address Box 162
City Cherry Creek State SD Zip Code 57522
Purpose of Disbursement
Canvass Labor/Election
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010
X Primary / General / Other (specify)
Transaction ID: D61412
Date of Disbursement 06 / 27 / 2005
Amount of Each Disbursement this Period 640.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 717.51

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
SD Unemployment Insurance Division
Mailing Address Box 4730
City: Aberdeen State: SD Zip Code: 57401
Purpose of Disbursement: Unemployment Tax
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 X Primary / General / Other (specify)
Category/Type: Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Transaction ID: D61395
Date of Disbursement: 04/29/2005
Amount of Each Disbursement this Period: 228.00

B.
Full Name (Last, First, Middle Initial)
Sen. Tom Daschle Office Account
Mailing Address 509 Hart
City: Washington State: DC Zip Code: 20510
Purpose of Disbursement: Equipment
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 X Primary / General / Other (specify)
Category/Type: Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Transaction ID: D61098
Date of Disbursement: 05/03/2005
Amount of Each Disbursement this Period: 4027.85

C.
Full Name (Last, First, Middle Initial)
Sen. Tom Daschle Office Account
Mailing Address 509 Hart
City: Washington State: DC Zip Code: 20510
Purpose of Disbursement: US Senate Restaurant
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 X Primary / General / Other (specify)
Category/Type: Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Transaction ID: D60939
Date of Disbursement: 04/05/2005
Amount of Each Disbursement this Period: 420.75

SUBTOTAL of Disbursements This Page (optional) ▶ 4676.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A. Full Name (Last, First, Middle Initial)
Sioux Falls Rubber Stamp

Mailing Address PO Box 1221

City: Sioux Falls State: SD Zip Code: 57101

Purpose of Disbursement: Office Supplies

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 [X] Primary General / Other (specify)

Category/Type

Transaction ID: D61104

Date of Disbursement: 05 / 18 / 2005

Amount of Each Disbursement this Period: 351.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
State Financial Bank

Mailing Address 7020 N. Port Washington Rd.

City: Glendale State: WI Zip Code: 53217

Purpose of Disbursement: Bank Fees

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 [X] Primary General / Other (specify)

Category/Type

Transaction ID: D61877

Date of Disbursement: 04 / 04 / 2005

Amount of Each Disbursement this Period: 27.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Torpedo Factory Art Center

Mailing Address 105 N Union St

City: Alexandria State: VA Zip Code: 22314

Purpose of Disbursement: Facility Rental

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 [X] Primary General / Other (specify)

Category/Type

Transaction ID: D60966

Date of Disbursement: 04 / 15 / 2005

Amount of Each Disbursement this Period: 3500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 3878.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one) [X] 17 [ ] 18 [ ] 19a [ ] 19b [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial): TS Bartending Services
Mailing Address: 215 N Hawthorne
City: Sioux Falls State: SD Zip Code: 57104
Purpose of Disbursement: Catering Expense
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D60987
Date of Disbursement: 04/05/2005
Amount of Each Disbursement this Period: 1250.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Vaughn T. Collins
Mailing Address: 7624 Virginia Ln
City: Falls Church State: VA Zip Code: 22043
Purpose of Disbursement: Travel Reimbursement
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D61116
Date of Disbursement: 05/11/2005
Amount of Each Disbursement this Period: 276.96
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Virginia Newquist
Mailing Address: 1415 South Main
City: Aberdeen State: SD Zip Code: 57401
Purpose of Disbursement: Event Labor
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D60924
Date of Disbursement: 04/11/2005
Amount of Each Disbursement this Period: 500.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2026.96

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

25020321117

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank
Mailing Address 20 N Maple
City Watertown State SD Zip Code 57201-3648
Purpose of Disbursement
Payroll Tax
Candidate Name
Category/Type
Office Sought: House Senate President
Disbursement For: 2010 X Primary General Other (specify)
State: District:
Transaction ID: D60929
Date of Disbursement 04 / 04 / 2005
Amount of Each Disbursement this Period 332.06
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank
Mailing Address 20 N Maple
City Watertown State SD Zip Code 57201-3648
Purpose of Disbursement
Payroll Tax
Candidate Name
Category/Type
Office Sought: House Senate President
Disbursement For: 2010 X Primary General Other (specify)
State: District:
Transaction ID: D60930
Date of Disbursement 04 / 08 / 2005
Amount of Each Disbursement this Period 1154.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank
Mailing Address 20 N Maple
City Watertown State SD Zip Code 57201-3648
Purpose of Disbursement
Payroll Tax
Candidate Name
Category/Type
Office Sought: House Senate President
Disbursement For: 2010 X Primary General Other (specify)
State: District:
Transaction ID: D60931
Date of Disbursement 04 / 15 / 2005
Amount of Each Disbursement this Period 332.06
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1818.14

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A. Full Name (Last, First, Middle Initial)
Wells Fargo Bank

Mailing Address 20 N Maple

City: Watertown State: SD Zip Code: 57201-3648

Purpose of Disbursement: Bank Fees

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary / General / Other (specify)

Category/Type

Transaction ID: D60932
Date of Disbursement: 04 / 15 / 2005

Amount of Each Disbursement this Period: 111.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Wells Fargo Bank

Mailing Address 20 N Maple

City: Watertown State: SD Zip Code: 57201-3648

Purpose of Disbursement: Payroll Tax

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary / General / Other (specify)

Category/Type

Transaction ID: D60933
Date of Disbursement: 04 / 29 / 2005

Amount of Each Disbursement this Period: 152.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Wells Fargo Bank

Mailing Address 20 N Maple

City: Watertown State: SD Zip Code: 57201-3648

Purpose of Disbursement: Payroll Tax

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: 2010 X Primary / General / Other (specify)

Category/Type

Transaction ID: D61876
Date of Disbursement: 04 / 05 / 2005

Amount of Each Disbursement this Period: 769.21

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1032.21

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank
Mailing Address 20 N Maple
City Watertown State SD Zip Code 57201-3648
Purpose of Disbursement
Payroll Tax
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010
X Primary General
Other (specify)
Transaction ID: D61089
Date of Disbursement 05/02/2005
Amount of Each Disbursement this Period 332.06
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank
Mailing Address 20 N Maple
City Watertown State SD Zip Code 57201-3648
Purpose of Disbursement
Payroll Tax
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010
X Primary General
Other (specify)
Transaction ID: D61090
Date of Disbursement 05/17/2005
Amount of Each Disbursement this Period 332.08
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank
Mailing Address 20 N Maple
City Watertown State SD Zip Code 57201-3648
Purpose of Disbursement
Payroll Tax
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010
X Primary General
Other (specify)
Transaction ID: D61399
Date of Disbursement 06/02/2005
Amount of Each Disbursement this Period 332.06
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 998.20

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank
Mailing Address 20 N Maple
City Watertown State SD Zip Code 57201-3648
Purpose of Disbursement
Payroll Tax
Candidate Name
Category/Type
Office Sought: House Senate President
State: District:
Disbursement For: 2010
X Primary General
Other (specify)

Transaction ID: D61400
Date of Disbursement 06 / 17 / 2005
Amount of Each Disbursement this Period 332.04
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank
Mailing Address 20 N Maple
City Watertown State SD Zip Code 57201-3648
Purpose of Disbursement
Payroll Tax
Candidate Name
Category/Type
Office Sought: House Senate President
State: District:
Disbursement For: 2010
X Primary General
Other (specify)

Transaction ID: D61401
Date of Disbursement 06 / 30 / 2005
Amount of Each Disbursement this Period 332.08
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Western Commercial Printing
Mailing Address 4005 S. Western Ave.
City Sioux Falls State SD Zip Code 57105
Purpose of Disbursement
Printing Expense
Candidate Name
Category/Type
Office Sought: House Senate President
State: District:
Disbursement For: 2010
X Primary General
Other (specify)

Transaction ID: D61398
Date of Disbursement 06 / 27 / 2005
Amount of Each Disbursement this Period 1773.57
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2437.69

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

25020321121

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Western Commercial Printing
Mailing Address 4005 S. Western Ave.
City: Sioux Falls State: SD Zip Code: 57105
Purpose of Disbursement: Printing Expense
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 X Primary General Other (specify)
Category/Type
Transaction ID: D60917
Date of Disbursement: 04 / 05 / 2005
Amount of Each Disbursement this Period: 4174.52
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Visa
Mailing Address PO Box 30642
City: Salt Lake City State: UT Zip Code: 84130-0642
Purpose of Disbursement (See Below)
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 X Primary General Other (specify)
Category/Type
Transaction ID: D60938
Date of Disbursement: 04 / 05 / 2005
Amount of Each Disbursement this Period: 1401.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Midwest Express
Mailing Address 6744 South Howell Avenue
City: Oak Creek State: WI Zip Code: 53154
Purpose of Disbursement: Travel Expense
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 X Primary General Other (specify)
Category/Type
Transaction ID: D60942
Date of Disbursement: 04 / 05 / 2005
Amount of Each Disbursement this Period: 322.21
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 5575.52

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

25020321122

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Northwest Airlines

Transaction ID: D60941
Date of Disbursement
04 / 05 / 2005

Mailing Address 901 15th Street, NW
Suite 310

City: Washington
State: DC
Zip Code: 20001

Amount of Each Disbursement this Period
926.67

Purpose of Disbursement
Air Travel Expense

Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House / Senate / President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

B.
Full Name (Last, First, Middle Initial)
Radisson Hotel Rapid City

Transaction ID: D60951
Date of Disbursement
04 / 05 / 2005

Mailing Address 445 Mount Rushmore Rd

City: Rapid City
State: SD
Zip Code: 57701

Amount of Each Disbursement this Period
74.41

Purpose of Disbursement
Lodging Expense

Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House / Senate / President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

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

Transaction ID: D61097
Date of Disbursement
05 / 11 / 2005

Mailing Address PO Box 30642

City: Salt Lake City
State: UT
Zip Code: 84130-0642

Amount of Each Disbursement this Period
9675.18

Purpose of Disbursement
(See Below)

Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House / Senate / President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 9675.18

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

25020321123

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Best Western Ramkota Inn – Aberdeen

Transaction ID: D61088
Date of Disbursement
05 / 11 / 2005

Mailing Address 1400 8th Avenue NW

City: Aberdeen, State: SD Zip Code: 57401

Amount of Each Disbursement this Period
85.32

Purpose of Disbursement
Lodging Expense

Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House / Senate / President
State: District:

Disbursement For: 2010
X Primary General
Other (specify)

B.
Full Name (Last, First, Middle Initial)
Capital City Air Carrier, Inc.

Transaction ID: D61102
Date of Disbursement
05 / 11 / 2005

Mailing Address 4000 Airport Rd

City: Pierre, State: SD Zip Code: 57501

Amount of Each Disbursement this Period
1863.86

Purpose of Disbursement
Travel Expense

Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House / Senate / President
State: District:

Disbursement For: 2010
X Primary General
Other (specify)

C.
Full Name (Last, First, Middle Initial)
Holiday Inn Express/Dacoma

Transaction ID: D61106
Date of Disbursement
05 / 11 / 2005

Mailing Address 100 W Highway 16

City: Dacoma, State: SD Zip Code: 57365

Amount of Each Disbursement this Period
321.99

Purpose of Disbursement
Lodging Expense

Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House / Senate / President
State: District:

Disbursement For: 2010
X Primary General
Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020321124

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
R V Nuccio & Associates
Mailing Address 10148 Riverside Dr 2nd Fl Tolu Lak
City: Toluca Lake State: CA Zip Code: 91602
Purpose of Disbursement: Event Insurance
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Category/Type
Transaction ID: D61115
Date of Disbursement: 05 / 11 / 2005
Amount of Each Disbursement this Period: 550.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
Radisson Hotel Rapid City
Mailing Address 445 Mount Rushmore Rd
City: Rapid City State: SD Zip Code: 57701
Purpose of Disbursement: Lodging Expense
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Category/Type
Transaction ID: D61109
Date of Disbursement: 05 / 11 / 2005
Amount of Each Disbursement this Period: 65.78
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
Rushmore Plaza Civic Center
Mailing Address 444 Mt. Rushmore Rd North
City: Rapid City State: SD Zip Code: 57701
Purpose of Disbursement: Catering Expense
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Category/Type
Transaction ID: D61109
Date of Disbursement: 05 / 11 / 2005
Amount of Each Disbursement this Period: 3757.15
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Sheraton Hotel and SF Convention Center
Mailing Address 1211 N West Ave
City Sioux Falls State SD Zip Code 57104
Purpose of Disbursement
Lodging Expense
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 X Primary General Other (specify)
Category/Type
Transaction ID: D61108
Date of Disbursement 05 / 11 / 2005
Amount of Each Disbursement this Period 607.43
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
Sioux Nation Shopping Center
Mailing Address Highway 18
City Pine Ridge State SD Zip Code 57770
Purpose of Disbursement
Catering Expense
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 X Primary General Other (specify)
Category/Type
Transaction ID: D61105
Date of Disbursement 05 / 11 / 2005
Amount of Each Disbursement this Period 1129.01
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
West Jet Air Service
Mailing Address 4160 Fire Station Rd
City Rapid City State SD Zip Code 57703
Purpose of Disbursement
Travel Expense
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: 2010 X Primary General Other (specify)
Category/Type
Transaction ID: D61107
Date of Disbursement 05 / 11 / 2005
Amount of Each Disbursement this Period 1294.64
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020321126

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A. Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 30542

City: Salt Lake City
State: UT
Zip Code: 84130-0642

Purpose of Disbursement (See Below)

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: 2010
X Primary [ ] General
[ ] Other (specify)

Category/Type

Transaction ID: D61404
Date of Disbursement: 06 / 17 / 2005

Amount of Each Disbursement this Period: 3454.92

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Overlook Cafe

Mailing Address 200 E 8th St

City: Sioux Falls
State: SD
Zip Code: 57103

Purpose of Disbursement
Catering Expense

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: 2010
X Primary [ ] General
[ ] Other (specify)

Category/Type

Transaction ID: D61411
Date of Disbursement: 06 / 17 / 2005

Amount of Each Disbursement this Period: 3454.92

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	3454.92
TOTAL This Period (last page this line number only) ▶	106518.57

25020321127

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Akaka in 2006

Mailing Address PO Box 3169

City Honolulu State HI Zip Code 96802

Purpose of Disbursement
Primary Contribution

Candidate Name
Daniel Akaka

Office Sought: House / X Senate / President

State: HI District:

Disbursement For: 2010 / X Primary / General / Other (specify)

Category/Type

Transaction ID: D61112
Date of Disbursement
05 18 2005

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Bob Casey for Pennsylvania Committee

Mailing Address PO Box 1177

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
General Contribution

Candidate Name
Robert P. Casey, Jr.

Office Sought: House / X Senate / President

State: PA District:

Disbursement For: 2010 / Primary / X General / Other (specify)

Category/Type

Transaction ID: D60959
Date of Disbursement
04 08 2005

Amount of Each Disbursement this Period
100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Bob Casey for Pennsylvania Committee

Mailing Address PO Box 1177

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Primary Contribution

Candidate Name
Robert P. Casey, Jr.

Office Sought: House / X Senate / President

State: PA District:

Disbursement For: 2010 / X Primary / General / Other (specify)

Category/Type

Transaction ID: D60959
Date of Disbursement
04 08 2005

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 4100.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Friends of Kent Conrad

Mailing Address 420 C Street, NE
Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement
Primary Contribution

Candidate Name
Kent Conrad

Office Sought: House / X Senate / President
State: ND District:

Disbursement For: 2010
X Primary / General / Other (specify)

Category/Type

Transaction ID: D61405
Date of Disbursement 06 / 17 / 2005

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Harold Ford Jr. For Tennessee

Mailing Address 5120 Barry Road Ste 1300

City Memphis State TN Zip Code 38117

Purpose of Disbursement
Primary Contribution

Candidate Name
Harold Ford, Jr.

Office Sought: X House / Senate / President
State: TN District: 09

Disbursement For: 2010
X Primary / General / Other (specify)

Category/Type

Transaction ID: D61409
Date of Disbursement 06 / 17 / 2005

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Kennedy for Senate 2006

Mailing Address 301 4th St NE Ste 202

City Washington State DC Zip Code 20002

Purpose of Disbursement
Primary Contribution

Candidate Name
Edward Kennedy

Office Sought: House / X Senate / President
State: MA District:

Disbursement For: 2010
X Primary / General / Other (specify)

Category/Type

Transaction ID: D61410
Date of Disbursement 06 / 27 / 2005

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial): Matsui for Congress
Mailing Address: PO Box 1738
City: Sacramento State: CA Zip Code: 95812
Purpose of Disbursement: Primary Contribution
Candidate Name: Doris Matsui
Office Sought: X House / Senate / President
Disbursement For: 2010 X Primary / General / Other (specify)
State: CA District: 05
Transaction ID: D61407
Date of Disbursement: 06 / 17 / 2005
Amount of Each Disbursement this Period: 2000.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type

B.
Full Name (Last, First, Middle Initial): North Dakota Democratic Party
Mailing Address: 1902 E Divide Ave
City: Bismarck State: ND Zip Code: 58501-2301
Purpose of Disbursement: Contribution to Federal Acct
Candidate Name:
Office Sought: House / Senate / President
Disbursement For: 2010 X Primary / General / Other (specify)
State: District:
Transaction ID: D61396
Date of Disbursement: 06 / 17 / 2005
Amount of Each Disbursement this Period: 5000.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type

C.
Full Name (Last, First, Middle Initial): Spitzer for Governor
Mailing Address: 2006 895 Broadway 5th Fl
City: New York State: NY Zip Code: 10003
Purpose of Disbursement: Contribution/Excess Campgn Funds
Candidate Name:
Office Sought: House / Senate / President
Disbursement For: 2010 X Primary / General / Other (specify)
State: District:
Transaction ID: D61413
Date of Disbursement: 06 / 15 / 2005
Amount of Each Disbursement this Period: 1000.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 8000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Wellstone Action Fund

Transaction ID: D60968
Date of Disbursement
04 / 18 / 2005

Mailing Address 621 Raymond Ave Suite 260

City St. Paul | State MN | Zip Code 55114

Amount of Each Disbursement this Period
2000.00

Purpose of Disbursement
Goodwill Contrib/Excess Funds

Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House / Senate / President

Disbursement For: 2010
X Primary General
Other (specify)

State: District:

B.
Full Name (Last, First, Middle Initial)
West Virginia State Democratic Party

Transaction ID: D61414
Date of Disbursement
06 / 29 / 2005

Mailing Address #5 Greenbriar Street

City Charleston | State WV | Zip Code 25311

Amount of Each Disbursement this Period
5000.00

Purpose of Disbursement
Contribution to Federal Account

Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House / Senate / President

Disbursement For: 2010
X Primary General
Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

TOTAL This Period (last page this line number only) ▶ **22100.00**

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SECRETARY

PAMELA B. DAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
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PHONE: (202) 224-0922

United States Senate

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Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
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UPS	_____	☐
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Date of Receipt

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