

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

PARRY FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 188

Check if different than previously reported. (ACC)

WASECA

MN

56093

2. **FEC IDENTIFICATION NUMBER** ▼

C C00503706

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

MN

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- 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

/ /

through

/ /

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 Dale DeRaad

Signature of Treasurer Dale DeRaad

[Electronically Filed]

Date

/ /

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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
PARRY FOR CONGRESS

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

	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))....	17108.90	49693.90
(b) Total Contribution Refunds (from Line 20(d))	250.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	16858.90	49443.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9631.83	13033.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.19	0.19
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9631.64	13033.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	36410.12	
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

PARRY FOR CONGRESS

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

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).....	10949.00	39349.00
(ii) Unitemized.....	5309.90	9494.90
(iii) TOTAL of contributions from individuals ▶	16258.90	48843.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	850.00	850.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17108.90	49693.90
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
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.)	0.19	0.19
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	17109.09	49694.09

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9631.83	13033.97
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	250.00	250.00
(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 20(a), (b), and (c)).....	250.00	250.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9881.83	13283.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	29182.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17109.09
25. SUBTOTAL (add Line 23 and Line 24).....	46291.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9881.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	36410.12

**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)	PAGE 5 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
PARRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William Beschnett

Mailing Address 12650 340th Avenue

City Waseca State MN Zip Code 56093

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

Name of Employer DC Chiropractor Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2012

Transaction ID : SA11AI.4645

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Bruce Dayton

Mailing Address 990 Old Long Lake Road

City Wayzata State MN Zip Code 55391

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2012

Transaction ID : SA11AI.4647

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Al DeKruif

Mailing Address 24102 Greenland Rd

City Madison Lake State MN Zip Code 56063

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

Name of Employer Self Occupation Resort Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.4630

Amount of Each Receipt this Period
 300.00

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

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

1800.00

**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)	PAGE 6 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dennis Halvorson

Mailing Address 8017 Harris Trl

City State Zip Code
Morristown MN 55052

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

Name of Employer Occupation
Halvorson Farms Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 16 / 2012

Transaction ID : SA11AI.4622

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Harold Hamilton

Mailing Address 1142 97th Lane NW

City State Zip Code
Coon Rapids MN 55433

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

Name of Employer Occupation
MicroControl Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11AI.4649

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Kelly Henderson

Mailing Address 2195 - 119th Ave NE

City State Zip Code
Blaine MN 55449

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 15 / 2012

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period
250.00

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

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

1500.00

**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)	PAGE 7 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

Full Name (Last, First, Middle Initial) Billie Hintz		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2012
Mailing Address 217 E Elm Ave		Transaction ID : SA11Al.4631
City Waseca	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Century 21	Occupation Real Estate Agent	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00	

Full Name (Last, First, Middle Initial) Mary Igo		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address 165 Western Ave N		Transaction ID : SA11Al.4628
City saint Paul	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Predictive Health	Occupation Health Care Consultant	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Tom Johnson		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2012
Mailing Address 4219 Cass Ave		Transaction ID : SA11Al.4653
City Webster	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Midstate Reclamation	Occupation Manager	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 8 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

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

Mailing Address PO Box 26

City Nerstrand State MN Zip Code 55053

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 08 / 2012

Transaction ID : SA11Al.4635

Amount of Each Receipt this Period
 499.00

999.00

B. Full Name (Last, First, Middle Initial)
Robert Kierlin

Mailing Address PO Box 978

City Winona State MN Zip Code 55987

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

Name of Employer Fastenal Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11Al.4651

Amount of Each Receipt this Period
 1000.00

2000.00

C. Full Name (Last, First, Middle Initial)
Stephen Kopecky

Mailing Address 1905 sw 11th st

City Rochester State MN Zip Code 55902

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

Name of Employer Mayo Clinic Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2012

Transaction ID : SA11Al.4644

Amount of Each Receipt this Period
 500.00

500.00

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

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

1999.00

**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)	PAGE 9 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Wendell Maddox

Mailing Address 4415 Avondale Street

City State Zip Code
Minnetonka MN 55345

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

Name of Employer Occupation
Ion Corporation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2012

Transaction ID : SA11AI.4634

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Peter Madel

Mailing Address 108 NW 8th Street

City State Zip Code
Waseca MN 56093

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

Name of Employer Occupation
Lake Shore Inn Nursing CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4642

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Fred T. Nobrega

Mailing Address 1118 Skyline Dr SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Occupation
Zumbrovalley Medical Society Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 21 / 2012

Transaction ID : SA11AI.4623

Amount of Each Receipt this Period
250.00

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

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

1050.00

**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)	PAGE 10 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mark Nowak

Mailing Address 15330 580th Avenue

City Wells State MN Zip Code 56097

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2012

Transaction ID : SA11AI.4640

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Ed Preichl

Mailing Address 128th St

City Waseca State MN Zip Code 56093

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

Name of Employer Mikowen Inc Occupation Vice President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.4637

Amount of Each Receipt this Period
 500.00

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

Mailing Address 113 2nd St NE

City Waseca State MN Zip Code 56093

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 12 / 2012

Transaction ID : SA11AI.4639

Amount of Each Receipt this Period
 500.00

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

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

1500.00

**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)	PAGE 11 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rick Querna

Mailing Address 111 1st Street NW

City State Zip Code
New Richland MN 56072

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

Name of Employer Occupation
Querna Inc Seedsman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2012

Transaction ID : SA11Al.4650

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Kristina Seppala

Mailing Address 219 E Taylor Run Pkwy

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
East Meridian Strategies Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : SA11Al.4626

Amount of Each Receipt this Period
250.00

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

Mailing Address 226 E 7th Street

City State Zip Code
Winona MN 55987

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

Name of Employer Occupation
Country Market Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2012

Transaction ID : SA11Al.4632

Amount of Each Receipt this Period
300.00

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

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

1550.00

10949.00

**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)	PAGE 12 OF 26
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Committee of Nine PAC

Mailing Address 1619 Dayton Ave STE 309

City Saint Paul State MN Zip Code 55104-6276

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2012

Transaction ID : SA11C.4813

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
MN Professional Fire Fighters PAC

Mailing Address 8100 Wayzata Blvd

City St. Louis Park State MN Zip Code 55426-1138

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2012

Transaction ID : SA11C.4820

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
MN State Patrol Troopers Assc

Mailing Address 8308 Jersey Ave N

City Brooklyn Park State MN Zip Code 55445-2240

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2012

Transaction ID : SA11C.4818

Amount of Each Receipt this Period
 100.00

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

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

500.00

**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)	PAGE 13 OF 26
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Police Officers Federation of MPLS

Mailing Address 1811 University Ave, NE

City Minneapolis State MN Zip Code 55418-4348

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2012

Transaction ID : SA11C.4816

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Police Officers Federation of MPLS

Mailing Address 1811 University Ave, NE

City Minneapolis State MN Zip Code 55418-4348

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2012

Transaction ID : SA11C.4828

Amount of Each Receipt this Period
 100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

350.00

850.00

**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)	PAGE 14 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cardinals FEC Compliance Services, PLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012
Mailing Address PO Box 4182		Amount of Each Disbursement this Period 259.50
City Saint Paul	State MN	
Zip Code 55104	Purpose of Disbursement Reporting Fees	Transaction ID : SB17.4746
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Clear Lake Press		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 300 16th Ave Southeast		Amount of Each Disbursement this Period 283.22
City Waseca	State MN	
Zip Code 56058	Purpose of Disbursement Printing Fees	Transaction ID : SB17.4830
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Donation Pages		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 1101 Pennsylvania Ave NW		Amount of Each Disbursement this Period 82.99
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Credit Card Fees	Transaction ID : SB17.4831
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	625.71
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)	PAGE 15 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
PARRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ford Credit		Date of Disbursement
Mailing Address 1001 Hoffman Dr		M M / D D / Y Y Y Y 02 / 27 / 2012
City Owatonna	State MN	Zip Code 55060
Purpose of Disbursement Transportation: Car Lease	Amount of Each Disbursement this Period 525.95	
Candidate Name	Transaction ID : SB17.4752	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. Ford Credit		Date of Disbursement
Mailing Address 1001 Hoffman Dr		M M / D D / Y Y Y Y 03 / 27 / 2012
City Owatonna	State MN	Zip Code 55060
Purpose of Disbursement Bank Charges	Amount of Each Disbursement this Period 7.00	
Candidate Name	Transaction ID : SB17.4668	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) c. Ford Credit		Date of Disbursement
Mailing Address 1001 Hoffman Dr		M M / D D / Y Y Y Y 03 / 27 / 2012
City Owatonna	State MN	Zip Code 55060
Purpose of Disbursement Transportation: Car Lease	Amount of Each Disbursement this Period 525.95	
Candidate Name	Transaction ID : SB17.4753	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	1058.90
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)	PAGE 16 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
PARRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Doug Gardner			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012		
Mailing Address 5500 Nathan Lane N #3			Amount of Each Disbursement this Period 900.00		
City Plymouth	State MN	Zip Code 55442	Transaction ID : SB17.4767		
Purpose of Disbursement Management Consulting		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Doug Gardner			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012		
Mailing Address 5500 Nathan Lane N #3			Amount of Each Disbursement this Period 430.18		
City Plymouth	State MN	Zip Code 55442	Transaction ID : SB17.4769		
Purpose of Disbursement Expense Reimbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) c. Trisha Hamm			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012		
Mailing Address 2495 Ryan Ave E			Amount of Each Disbursement this Period 769.12		
City North St Paul	State MN	Zip Code 55109	Transaction ID : SB17.4789		
Purpose of Disbursement Printing Fees		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional)	2099.30
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)	PAGE 17 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kwik Trip		Date of Disbursement
Mailing Address 501 Elm Ave W		M M / D D / Y Y Y Y 01 / 02 / 2012
City Waseca	State MN	Zip Code 56093
Purpose of Disbursement Transportation: Fuel	Amount of Each Disbursement this Period 41.00	
Candidate Name	Transaction ID : SB17.4693	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Kwik Trip		Date of Disbursement
Mailing Address 501 Elm Ave W		M M / D D / Y Y Y Y 01 / 09 / 2012
City Waseca	State MN	Zip Code 56093
Purpose of Disbursement Food and Beverage	Amount of Each Disbursement this Period 9.00	
Candidate Name	Transaction ID : SB17.4672	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Kwik Trip		Date of Disbursement
Mailing Address 501 Elm Ave W		M M / D D / Y Y Y Y 01 / 10 / 2012
City Waseca	State MN	Zip Code 56093
Purpose of Disbursement Transportation: Fuel	Amount of Each Disbursement this Period 74.00	
Candidate Name	Transaction ID : SB17.4712	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	124.00
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)	PAGE 18 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kwik Trip		Date of Disbursement
Mailing Address 501 Elm Ave W		M M / D D / Y Y Y Y 01 / 14 / 2012
City Waseca	State MN	Zip Code 56093
Purpose of Disbursement Transportation: Fuel	Candidate Name	Amount of Each Disbursement this Period 51.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. Kwik Trip		Date of Disbursement
Mailing Address 501 Elm Ave W		M M / D D / Y Y Y Y 01 / 17 / 2012
City Waseca	State MN	Zip Code 56093
Purpose of Disbursement Transportation: Fuel	Candidate Name	Amount of Each Disbursement this Period 36.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. Kwik Trip		Date of Disbursement
Mailing Address 501 Elm Ave W		M M / D D / Y Y Y Y 01 / 27 / 2012
City Waseca	State MN	Zip Code 56093
Purpose of Disbursement Transportation: Fuel	Candidate Name	Amount of Each Disbursement this Period 93.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	180.30
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)	PAGE 19 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kwik Trip		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 43.15 Transaction ID : SB17.4696
City Waseca	State MN	
Purpose of Disbursement Transportation: Fuel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Kwik Trip		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 56.00 Transaction ID : SB17.4704
City Waseca	State MN	
Purpose of Disbursement Transportation: Fuel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Kwik Trip		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 100.02 Transaction ID : SB17.4724
City Waseca	State MN	
Purpose of Disbursement Transportation: Fuel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	199.17
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)		PAGE 20 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kwik Trip		Date of Disbursement MM / DD / YYYY 02 / 14 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 30.86
City Waseca	State MN	
Zip Code 56093	Purpose of Disbursement Transportation: Fuel	Transaction ID : SB17.4757
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kwik Trip		Date of Disbursement MM / DD / YYYY 02 / 14 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 112.00
City Waseca	State MN	
Zip Code 56093	Purpose of Disbursement Transportation: Fuel	Transaction ID : SB17.4759
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Kwik Trip		Date of Disbursement MM / DD / YYYY 02 / 21 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 9.00
City Waseca	State MN	
Zip Code 56093	Purpose of Disbursement Food and Beverage	Transaction ID : SB17.4674
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	151.86
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)	PAGE 21 OF 26		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kwik Trip		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 67.00
City Waseca	State MN	
Zip Code 56093	Purpose of Disbursement Transportation: Fuel	Transaction ID : SB17.4708
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kwik Trip		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 68.01
City Waseca	State MN	
Zip Code 56093	Purpose of Disbursement Transportation: Fuel	Transaction ID : SB17.4709
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Kwik Trip		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 92.25
City Waseca	State MN	
Zip Code 56093	Purpose of Disbursement Transportation: Fuel	Transaction ID : SB17.4718
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	227.25
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)	PAGE 22 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kwik Trip		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 90.30
City Waseca	State MN	
Zip Code 56093		
Purpose of Disbursement Transportation: Fuel		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2012	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) B. Kwik Trip		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 110.00
City Waseca	State MN	
Zip Code 56093		
Purpose of Disbursement Transportation: Fuel		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2012	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) C. Kwik Trip		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 117.00
City Waseca	State MN	
Zip Code 56093		
Purpose of Disbursement Transportation: Fuel		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2012	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	317.30
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)		PAGE 23 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kwik Trip		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4675
City Waseca	State MN Zip Code 56093	
Purpose of Disbursement Food and Beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Max		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2012
Mailing Address 1201 S Broadway		Amount of Each Disbursement this Period 141.69 Transaction ID : SB17.4773
City Rochester	State MN Zip Code 55904	
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. One Little Shirt Shop		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012
Mailing Address 119 3rd St S		Amount of Each Disbursement this Period 330.00 Transaction ID : SB17.4749
City Waterville	State MN Zip Code 56096	
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	481.69
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)	PAGE 24 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Superamerica			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2012		
Mailing Address 23087 State Highway 13			Amount of Each Disbursement this Period 121.00		
City Albert Lea	State MN	Zip Code 56007	Transaction ID : SB17.4736		
Purpose of Disbursement Transportation: Fuel		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Tri M Graphics			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2012		
Mailing Address 625 E Main St			Amount of Each Disbursement this Period 311.65		
City Owatonna	State MN	Zip Code 55060	Transaction ID : SB17.4747		
Purpose of Disbursement Printing Fees		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Tri M Graphics			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2012		
Mailing Address 625 E Main St			Amount of Each Disbursement this Period 331.49		
City Owatonna	State MN	Zip Code 55060	Transaction ID : SB17.4750		
Purpose of Disbursement Printing Fees		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	764.14
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)	PAGE 25 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tri M Graphics			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2012		
Mailing Address 625 E Main St			Amount of Each Disbursement this Period 350.07		
City Owatonna	State MN	Zip Code 55060	Transaction ID : SB17.4751		
Purpose of Disbursement Printing Fees		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. USPS			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2012		
Mailing Address 114 2nd St NE			Amount of Each Disbursement this Period 580.00		
City Waseca	State MN	Zip Code 56093	Transaction ID : SB17.4754		
Purpose of Disbursement Postage		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012		
Mailing Address 114 2nd St NE			Amount of Each Disbursement this Period 45.00		
City Waseca	State MN	Zip Code 56093	Transaction ID : SB17.4698		
Purpose of Disbursement Postage		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	975.07
TOTAL This Period (last page this line number only).....	7204.70

**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)	PAGE 26 OF 26			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
PARRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paul Zimmerman		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address 35300 170th St		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.4760
City Waseca State MN Zip Code 56093	Purpose of Disbursement Contribution Refund Category/Type 010	
Candidate Name MIKE PARRY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 01		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00