

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Curd for Congress

Report Covering the Period: From:

M	M
0	5

D	D
2	0

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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)).....	37035.00	425164.23
(b) Total Contribution Refunds (from Line 20(d)).....	72450.00	73550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-35415.00	351614.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	175539.39	528055.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	4850.00	11386.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	170689.39	516668.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13339.88	
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).....	179830.79	

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
Curd for Congress

Report Covering the Period: From:

M	M
0	5

D	D
2	0

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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	24000.00	373489.05
(i) Itemized (use Schedule A).....	1410.00	15204.50
(ii) Unitemized.....	25410.00	388693.55
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	11625.00	28025.00
(c) Other Political Committees (such as PACS).....	0.00	8445.68
(d) The Candidate.....	37035.00	425164.23
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	98376.00	178376.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	98376.00	178376.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	4850.00	11386.97
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	4.63	18.58
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	140265.63	614945.78

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	175539.39	528055.90
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.....	67450.00	68550.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	72450.00	73550.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	247989.39	601605.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	121063.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	140265.63
25. SUBTOTAL (add Line 23 and Line 24).....	261329.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	247989.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13339.88

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 62
(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)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Donschell Family LLP

Mailing Address 26912 Baker Park Place

City State Zip Code
Sioux Falls SD 57108-8202

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 1 / 2 0 1 0

Transaction ID: A-C919

Amount of Each Receipt this Period
2400.00

Attribution requested

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

B. Full Name (Last, First, Middle Initial)
Donschell Family LLP

Mailing Address 26912 Baker Park Place

City State Zip Code
Sioux Falls SD 57108-8202

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 1 / 2 0 1 0

Transaction ID: A-C920

Amount of Each Receipt this Period
1600.00

Attribution requested

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

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

Mailing Address 5100 S Twinleaf Drive

City State Zip Code
Sioux Falls SD 57108-2843

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

Name of Employer Occupation
Sinus Specialty Clinic Surgeon

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 1 / 2 0 1 0

Transaction ID: A-MC95

Amount of Each Receipt this Period
-500.00

Reattribution to spouse

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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: PAGE 7 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A. Full Name (Last, First, Middle Initial) Scott Becker</p> <p>Mailing Address 315 Vernon Avenue</p> <p>City State Zip Code Glencoe IL 60022-2136</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation McGuireWoods LLP Attorney</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0</p> <p>Transaction ID: A-C941</p> <p>Amount of Each Receipt this Period 2400.00</p> <p>Reattribution/Redesignati- on requested</p>
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<p>B. Full Name (Last, First, Middle Initial) Connie N. Benson</p> <p>Mailing Address 4600 S Vista Lane</p> <p>City State Zip Code Sioux Falls SD 57105-6856</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Homemaker Homemaker</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 1 0</p> <p>Transaction ID: A-MC93</p> <p>Amount of Each Receipt this Period -250.00</p> <p>Redesignation from primary</p> <p>[MEMO ITEM]</p>
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<p>C. Full Name (Last, First, Middle Initial) Connie N. Benson</p> <p>Mailing Address 4600 S Vista Lane</p> <p>City State Zip Code Sioux Falls SD 57105-6856</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Homemaker Homemaker</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 1 0</p> <p>Transaction ID: A-MC94</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Redesignation to general</p> <p>[MEMO ITEM]</p>
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SUBTOTAL of Receipts This Page (optional)	2400.00
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: PAGE 8 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
John R. Bultena

Mailing Address 596 High Ridge Circle

City State Zip Code
Saint Paul MN 55118-4351

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: A-C969

Amount of Each Receipt this Period
300.00

Amount of Each Receipt this Period
550.00

B. Full Name (Last, First, Middle Initial)
William E. Clark

Mailing Address 1761 Melody Lane

City State Zip Code
Aberdeen SD 57401-7721

FEC ID number of contributing federal political committee. C

Name of Employer Clark Title Company Occupation
Owner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: A-C894

Amount of Each Receipt this Period
250.00

Amount of Each Receipt this Period
700.00

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

Mailing Address 108 W Saint Andrews Drive

City State Zip Code
Sioux Falls SD 57108-2956

FEC ID number of contributing federal political committee. C

Name of Employer Homemaker Occupation
Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: A-C911

Amount of Each Receipt this Period
500.00

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 1050.00

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: PAGE 9 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A. Full Name (Last, First, Middle Initial) Jackie Decastro</p> <p>Mailing Address 4144 Iowa Avenue</p> <p>City State Zip Code Kenner LA 70065-2225</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1250.00</p>	<p>Date of Receipt 06 / 04 / 2010</p> <p>Transaction ID: A-C954</p> <p>Amount of Each Receipt this Period 1250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) John Dietz</p> <p>Mailing Address 8450 Northwest Boulevard</p> <p>City State Zip Code Indianapolis IN 46278-1381</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ortholndy Occupation Physician</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 06 / 04 / 2010</p> <p>Transaction ID: A-C957</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Cy J. Farner</p> <p>Mailing Address 6205 S Doral Trail</p> <p>City State Zip Code Sioux Falls SD 57108-2430</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Farner-Bocken Co. Occupation Owner</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 05 / 26 / 2010</p> <p>Transaction ID: A-C905</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Donald J. Frisco

Mailing Address 38546 129th Street

City Aberdeen State SD Zip Code 57401-8302

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

Name of Employer Orthopedic Surgery Specialists Occupation MD

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 05 / 20 / 2010
Transaction ID: A-C831
 Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Daniel S. Goeman

Mailing Address 3625 S Slaten Park Drive

City Sioux Falls State SD Zip Code 57103-4634

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

Name of Employer Morgan Stanley Smith Barney Occupation Financial Consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2010
Transaction ID: A-C918
 Amount of Each Receipt this Period 500.00

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

Mailing Address 5100 W 8th Street

City Sioux Falls State SD Zip Code 57107-0518

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

Name of Employer School Bus Inc. Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2010
Transaction ID: A-C873
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Lori Holzapfel

Mailing Address 48229 253rd Street

City Garretson State SD Zip Code 57030-6039

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 05 / 21 / 2010
Transaction ID: A-C882
 Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Nick Houge

Mailing Address 1700 N Deep Hollow

City Sioux Falls State SD Zip Code 57110

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

Name of Employer US Bank Occupation Portfolio Manager

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2010
Transaction ID: A-C916
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
A. Russ Janklow

Mailing Address 2612 S Purdue Avenue

City Sioux Falls State SD Zip Code 57106-5135

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2010
Transaction ID: A-C923
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Mitchell C. Johnson

Mailing Address 2823 S Saint Charles Lane

City State Zip Code
Sioux Falls SD 57103-4671

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

Name of Employer Occupation
Orthopedic Institute Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: A-C900

Amount of Each Receipt this Period
250.00

2210.00

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

Mailing Address PO Box 529

City State Zip Code
Madison SD 57042-0529

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: A-C949

Amount of Each Receipt this Period
250.00

250.00

C. Full Name (Last, First, Middle Initial)
William M. Karnes

Mailing Address 835 Hill Road

City State Zip Code
Winnetka IL 60093-3918

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

Name of Employer Occupation
Regent Surgical Health CFO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A-C956

Amount of Each Receipt this Period
250.00

750.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Michael S. McHale

Mailing Address 2817 S Old Orchard Circle

City State Zip Code
Sioux Falls SD 57103-4339

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

Name of Employer Occupation
McHale Institute Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: A-C830

Amount of Each Receipt this Period
250.00

Election Cycle-to-Date: 250.00

B. Full Name (Last, First, Middle Initial)
Matthew J. McKenzie

Mailing Address 2509 W Sleigh Creek Circle

City State Zip Code
Sioux Falls SD 57108-3003

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

Name of Employer Occupation
Orthopedic Institute Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: A-C902

Amount of Each Receipt this Period
500.00

Election Cycle-to-Date: 1000.00

C. Full Name (Last, First, Middle Initial)
Susan R. Metz

Mailing Address 5113 S Blackberry Drive

City State Zip Code
Sioux Falls SD 57108-2870

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: A-MC100

Amount of Each Receipt this Period
100.00

Reattribution from spouse

[MEMO ITEM]

Election Cycle-to-Date: 100.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Michele Pfeifle

Mailing Address 47856 Atterbury Court

City State Zip Code
Harrisburg SD 57032-8234

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 6 / 2 0 1 0

Transaction ID: A-C896

Amount of Each Receipt this Period
250.00

250.00

B. Full Name (Last, First, Middle Initial)
Todd Porter

Mailing Address 4101 S Carnegie Place

City State Zip Code
Sioux Falls SD 57106-2360

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

Name of Employer Self-Employed Occupation Restaurateur

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 4 / 2 0 1 0

Transaction ID: A-C885

Amount of Each Receipt this Period
1000.00

1000.00

C. Full Name (Last, First, Middle Initial)
James R. Reynolds

Mailing Address Twin Oaks

City State Zip Code
Sioux Falls SD 57106

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 8 / 2 0 1 0

Transaction ID: A-C926

Amount of Each Receipt this Period
500.00

1500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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:	PAGE 17 / 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Donald Schellpfeffer	Date of Receipt MM / DD / YYYY 05 / 21 / 2010
	Mailing Address 26912 Baker Park Place	Transaction ID: A-PI93
	City State Zip Code Sioux Falls SD 57108-8202	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	[MEMO ITEM] Partnership Itemization Memo
	Name of Employer Anesthesiology Associates Occupation Anesthesiologist	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

B.	Full Name (Last, First, Middle Initial) Donald Schellpfeffer	Date of Receipt MM / DD / YYYY 05 / 21 / 2010
	Mailing Address 26912 Baker Park Place	Transaction ID: A-PI94
	City State Zip Code Sioux Falls SD 57108-8202	Amount of Each Receipt this Period 1600.00
	FEC ID number of contributing federal political committee. C	[MEMO ITEM] Partnership Itemization Memo
	Name of Employer Anesthesiology Associates Occupation Anesthesiologist	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

C.	Full Name (Last, First, Middle Initial) Paul K. Schiller	Date of Receipt MM / DD / YYYY 05 / 26 / 2010
	Mailing Address 1627 S 5th Avenue	Transaction ID: A-C903
	City State Zip Code Sioux Falls SD 57105-2005	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lawrence & Schiller Occupation Partner	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	250.00
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: PAGE 18 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Mary Sturm

Mailing Address 805 W Tradewinds Street

City State Zip Code
Sioux Falls SD 57108-4112

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

Name of Employer SMP Occupation Healthcare Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1130.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 6 / 2 0 1 0

Transaction ID: A-C899

Amount of Each Receipt this Period
250.00

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

Mailing Address 1409 W Laquinta Street

City State Zip Code
Sioux Falls SD 57108-3303

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

Name of Employer Silver Slone Group Occupation Insurance

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 1 0

Transaction ID: A-C917

Amount of Each Receipt this Period
500.00

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

Mailing Address 1633 Via Road

City State Zip Code
Bells TN 38006-3015

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

Name of Employer Christian Family Pharmacy Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 3 / 2 0 1 0

Transaction ID: A-C947

Amount of Each Receipt this Period
2400.00

SUBTOTAL of Receipts This Page (optional) ► **3150.00**

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: PAGE 19 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Sergio Viroslav

Mailing Address 318 Canterbury Hill Street

City San Antonio State TX Zip Code 78209-5426

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

Name of Employer San Antonio Orthopaedic Grp Occupation General Orthopaedist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2010
Transaction ID: A-C876
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Michael D. Weaver

Mailing Address 6021 Cargile Road

City Nashville State TN Zip Code 37205-3235

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

Name of Employer Symbion Healthcare Occupation Vice President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 07 / 2010
Transaction ID: A-C958
 Amount of Each Receipt this Period 250.00

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

Mailing Address 5204 S Sawgrass Circle

City Sioux Falls State SD Zip Code 57108-4613

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

Name of Employer Ophthalmology Ltd Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 05 / 26 / 2010
Transaction ID: A-C904
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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: PAGE 20 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Hal Wick

Mailing Address 3009 W Donahue Drive

City State Zip Code
Sioux Falls SD 57105-0153

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Northwest Airlines Pilot

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2010
Transaction ID: A-C946

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Matthew Witte

Mailing Address 1212 N Vail Drive

City State Zip Code
Sioux Falls SD 57110-5700

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Urology Specialists Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 05 / 26 / 2010
Transaction ID: A-C895

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joe A. Zueger

Mailing Address 5308 S Sweetwater Place

City State Zip Code
Sioux Falls SD 57108-5044

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Workplace Technology Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 26 / 2010
Transaction ID: A-C910

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only) 24000.00

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

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

FOR LINE NUMBER: PAGE 21 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
American College Of Radiology Association PAC

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 06 / 07 / 2010
Transaction ID: A-C960
 Amount of Each Receipt this Period: 3500.00

B. Full Name (Last, First, Middle Initial)
American Medical Association PAC

Mailing Address 25 Massachusetts Avenue NW Suite 600

City Washington State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 07 / 2010
Transaction ID: A-C959
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
American Society Of Anesthesiologists PAC

Mailing Address 520 N Northwest Highway

City Park Ridge State IL Zip Code 60068-2538

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 06 / 08 / 2010
Transaction ID: A-C1033
 Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ► 6500.00

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 22 / 62
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Beadle County Republican Women

Mailing Address PO Box 656

City Huron State SD Zip Code 57350-0656

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
06 / 04 / 2010

Transaction ID: A-C953

Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Hamiel For House

Mailing Address 625 Mitchell Boulevard

City Mitchell State SD Zip Code 57301-4313

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
06 / 03 / 2010

Transaction ID: A-C952

Amount of Each Receipt this Period: 75.00

C.

Full Name (Last, First, Middle Initial)
PAC of The American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Avenue NE
Floor 1

City Washington State DC Zip Code 20002-5769

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
05 / 21 / 2010

Transaction ID: A-C869

Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5125.00
TOTAL This Period (last page this line number only)	▶	11625.00

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

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

FOR LINE NUMBER: PAGE 23 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Richard Blake Curd
 Mailing Address PO Box 2464
 City State Zip Code
 Sioux Falls SD 57101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation
 Self-Employed Physician
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 184421.68
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 4 / 2 0 1 0
Transaction ID: A-L3
 Amount of Each Receipt this Period
 42000.00

B. Full Name (Last, First, Middle Initial)
Richard Blake Curd
 Mailing Address PO Box 2464
 City State Zip Code
 Sioux Falls SD 57101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation
 Self-Employed Physician
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 184421.68
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 8 / 2 0 1 0
Transaction ID: A-L4
 Amount of Each Receipt this Period
 56376.00

SUBTOTAL of Receipts This Page (optional) ► 98376.00
TOTAL This Period (last page this line number only) ► 98376.00

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

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

FOR LINE NUMBER: PAGE 24 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Cat Miller

Mailing Address 3342 Raleigh Street

City State Zip Code
Denver CO 80212-1710

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

Name of Employer Self Occupation Fundraising

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 1 0

Transaction ID: A-O1031

Amount of Each Receipt this Period
4500.00

Void: Finance Consulting

B.

Full Name (Last, First, Middle Initial)
Allan Rounds

Mailing Address PO Box 2464

City State Zip Code
Sioux Falls SD 57101

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

Name of Employer Curd for Congress Occupation Campaign Staff

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 1 0

Transaction ID: A-O1034

Amount of Each Receipt this Period
350.00

Equipment Purchase

SUBTOTAL of Receipts This Page (optional)	4850.00
TOTAL This Period (last page this line number only)	4850.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A. Full Name (Last, First, Middle Initial) All-Around Graphix</p> <p>Mailing Address 819 N Euclid Avenue</p> <p>City Pierre State SD Zip Code 57501-1718</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-936</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1550.25"/></p>
<p>B. Full Name (Last, First, Middle Initial) Aristotle International</p> <p>Mailing Address 205 Pennsylvania Avenue SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement Compliance Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-986</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Arrowhead Country Club</p> <p>Mailing Address 3675 Sheridan Lake Road</p> <p>City Rapid City State SD Zip Code 57702-5200</p> <p>Purpose of Disbursement Facility Rental/Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-931</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="532.54"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Broghamer Consulting LLC <hr/> Mailing Address 913 Park Avenue <hr/> City Newport State KY Zip Code 41071-2235 <hr/> Purpose of Disbursement Compliance Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-791 Date of Disbursement 05 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 2112.12
B.	Full Name (Last, First, Middle Initial) Broghamer Consulting LLC <hr/> Mailing Address 913 Park Avenue <hr/> City Newport State KY Zip Code 41071-2235 <hr/> Purpose of Disbursement Compliance Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-929 Date of Disbursement 06 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 2645.30
C.	Full Name (Last, First, Middle Initial) Capital City Air Carrier, Inc. <hr/> Mailing Address 4000 Airport Road <hr/> City Pierre State SD Zip Code 57501-5605 <hr/> Purpose of Disbursement Fuel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-867 Date of Disbursement 05 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 1749.94

SUBTOTAL of Disbursements This Page (optional) ▶

6507.36

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Eventful Occasion LLC Mailing Address 4618 Latrobe Place City Alexandria State VA Zip Code 22311-4956 Purpose of Disbursement Finance Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-967 Date of Disbursement 06 / 14 / 2010 Amount of Each Disbursement this Period 1150.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Fedex Mailing Address 13155 Noel Road Suite 1600 City Dallas State TX Zip Code 75240-5032 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-47 Date of Disbursement 06 / 14 / 2010 Amount of Each Disbursement this Period 26.64 Category/Type [MEMO ITEM] Subitemization of Kathryn Behrens(06/14/10)
C.	Full Name (Last, First, Middle Initial) Holiday Inn Mailing Address 100 W 8th Street City Sioux Falls State SD Zip Code 57104-6701 Purpose of Disbursement Facility Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-1044 Date of Disbursement 06 / 14 / 2010 Amount of Each Disbursement this Period 516.98 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1666.98

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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Lemmon Air Mailing Address 202 26th Street SE City Lemmon State SD Zip Code 57638-4426 Purpose of Disbursement Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-1027 Date of Disbursement 06 / 19 / 2010 Amount of Each Disbursement this Period 233.20
B.	Full Name (Last, First, Middle Initial) Midcontinent Communications Mailing Address PO Box 5010 City Sioux Falls State SD Zip Code 57117-5010 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-934 Date of Disbursement 06 / 01 / 2010 Amount of Each Disbursement this Period 322.34
C.	Full Name (Last, First, Middle Initial) Paycor Mailing Address 644 Linn Street Suite 200 City Cincinnati State OH Zip Code 45203-1734 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-965 Date of Disbursement 06 / 03 / 2010 Amount of Each Disbursement this Period 1560.78

SUBTOTAL of Disbursements This Page (optional) ▶

2116.32

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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Paycor	Transaction ID: B-E-966 Date of Disbursement
	Mailing Address 644 Linn Street Suite 200	<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Cincinnati State OH Zip Code 45203-1734	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Service	<input type="text" value="63.50"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paycor	Transaction ID: B-E-973 Date of Disbursement
	Mailing Address 644 Linn Street Suite 200	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Cincinnati State OH Zip Code 45203-1734	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1039.70"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paycor	Transaction ID: B-E-974 Date of Disbursement
	Mailing Address 644 Linn Street Suite 200	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City Cincinnati State OH Zip Code 45203-1734	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Service	<input type="text" value="63.50"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1166.70"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Paycor	Transaction ID: B-E-1040 Date of Disbursement 06 / 23 / 2010
	Mailing Address 644 Linn Street Suite 200	Amount of Each Disbursement this Period 160.80
	City Cincinnati State OH Zip Code 45203-1734	
	Purpose of Disbursement Payroll Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Public Opinion Strategies	Transaction ID: B-E-932 Date of Disbursement 06 / 01 / 2010
	Mailing Address 214 N Fayette Street	Amount of Each Disbursement this Period 1500.00
	City Alexandria State VA Zip Code 22314-2433	
	Purpose of Disbursement Polling Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Sanford Health Plan	Transaction ID: B-S-48 Date of Disbursement 06 / 14 / 2010
	Mailing Address PO Box 91110	Amount of Each Disbursement this Period 107.36
	City Sioux Falls State SD Zip Code 57109-1110	
	Purpose of Disbursement Insurance Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	[MEMO ITEM] Subitemization of Kathryn Behrens(06/14/10)

SUBTOTAL of Disbursements This Page (optional) ▶

1660.80

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) SD Department of Revenue Mailing Address 445 E Capitol Avenue City Pierre State SD Zip Code 57501-3100 Purpose of Disbursement Usage Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-884 Date of Disbursement 06 / 01 / 2010 Amount of Each Disbursement this Period 4020.18 Category/Type
B.	Full Name (Last, First, Middle Initial) Sioux Falls Ford, Inc. Mailing Address PO Box 89120 City Sioux Falls State SD Zip Code 57109-9120 Purpose of Disbursement Vehicle Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-914 Date of Disbursement 06 / 01 / 2010 Amount of Each Disbursement this Period 120.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Sioux Falls Networks Mailing Address 517 W 20th Street City Sioux Falls State SD Zip Code 57105-0606 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-866 Date of Disbursement 05 / 20 / 2010 Amount of Each Disbursement this Period 39.75 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

4179.93

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Sioux Falls Networks <hr/> Mailing Address 517 W 20th Street <hr/> City Sioux Falls State SD Zip Code 57105-0606 <hr/> Purpose of Disbursement Phone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-978 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 39.75
B.	Full Name (Last, First, Middle Initial) Staples Inc. <hr/> Mailing Address 500 Staples Drive <hr/> City Framingham State MA Zip Code 01702-4478 <hr/> Purpose of Disbursement Pens/Paper/Folders/Ink Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-891 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 215.20
C.	Full Name (Last, First, Middle Initial) Staples Inc. <hr/> Mailing Address 500 Staples Drive <hr/> City Framingham State MA Zip Code 01702-4478 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-944 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 5.82

SUBTOTAL of Disbursements This Page (optional) ▶

260.77

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) State Farm Insurance <hr/> Mailing Address 1 State Farm Plaza <hr/> City Bloomington State IL Zip Code 61710-0001 <hr/> Purpose of Disbursement Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-933 Date of Disbursement 06 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 124.97
B.	Full Name (Last, First, Middle Initial) Strategic Media Services <hr/> Mailing Address 3299 K Street NW Suite 200 <hr/> City Washington State DC Zip Code 20007-4411 <hr/> Purpose of Disbursement Media Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-890 Date of Disbursement 05 / 24 / 2010 <hr/> Amount of Each Disbursement this Period 42746.00
C.	Full Name (Last, First, Middle Initial) Strategic Media Services <hr/> Mailing Address 3299 K Street NW Suite 200 <hr/> City Washington State DC Zip Code 20007-4411 <hr/> Purpose of Disbursement Media Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-922 Date of Disbursement 05 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 56376.00

SUBTOTAL of Disbursements This Page (optional) ▶

99246.97

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) TargetVote.com, Inc. <hr/> Mailing Address PO Box 1655 <hr/> City Tallahassee State FL Zip Code 32302-1655 <hr/> Purpose of Disbursement Message Phone Calls Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-921 Date of Disbursement 06 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 584.82
B.	Full Name (Last, First, Middle Initial) TargetVote.com, Inc. <hr/> Mailing Address PO Box 1655 <hr/> City Tallahassee State FL Zip Code 32302-1655 <hr/> Purpose of Disbursement Message Phone Calls Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-981 Date of Disbursement 06 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 4263.60
C.	Full Name (Last, First, Middle Initial) The David Johnson Group LLC <hr/> Mailing Address 3284 Whitney Drive E <hr/> City Tallahassee State FL Zip Code 32309-3650 <hr/> Purpose of Disbursement Political Strategy Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-913 Date of Disbursement 06 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 13155.42

SUBTOTAL of Disbursements This Page (optional) ▶	18003.84
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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
The David Johnson Group LLC

Transaction ID: B-E-982

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	0

Mailing Address 3284 Whitney Drive E

Amount of Each Disbursement this Period

2000.00

City Tallahassee State FL Zip Code 32309-3650

Purpose of Disbursement
Political Strategy Consulting

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Upgrade Films

Transaction ID: B-E-942

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	0

Mailing Address 3299 K Street NW
Suite 200

Amount of Each Disbursement this Period

13350.04

City Washington State DC Zip Code 20007-4411

Purpose of Disbursement
Media Production

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
USPS

Transaction ID: B-E-945

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	0

Mailing Address 475 Lenfant Plaza SW

Amount of Each Disbursement this Period

70.00

City Washington State DC Zip Code 20260-0004

Purpose of Disbursement
Postage

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

15420.04

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

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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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) USPS Mailing Address 475 Lenfant Plaza SW City Washington State DC Zip Code 20260-0004 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-976 Date of Disbursement 06 / 11 / 2010 Amount of Each Disbursement this Period 264.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 1 Verizon Way City Basking Ridge State NJ Zip Code 07920-1025 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-868 Date of Disbursement 05 / 20 / 2010 Amount of Each Disbursement this Period 411.94 Category/Type
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 1 Verizon Way City Basking Ridge State NJ Zip Code 07920-1025 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-983 Date of Disbursement 06 / 14 / 2010 Amount of Each Disbursement this Period 407.72 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1083.66

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 4512 City Carol Stream State IL Zip Code 60197-4512 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-766 Date of Disbursement 06 / 01 / 2010 Amount of Each Disbursement this Period 417.89 Original vendors exceeding reporting threshold itemized as memo transactions.
B.	Full Name (Last, First, Middle Initial) W Jet Air Service Mailing Address 4160 Fire Station Road City Rapid City State SD Zip Code 57703-8703 Purpose of Disbursement Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-37 Date of Disbursement 06 / 01 / 2010 Amount of Each Disbursement this Period 223.66 [MEMO ITEM] Subitemization of Visa(06-01/10)
C.	Full Name (Last, First, Middle Initial) Wellmark BlueCross BlueShield Mailing Address 1601 W Madison Street City Sioux Falls State SD Zip Code 57104-5710 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-935 Date of Disbursement 06 / 01 / 2010 Amount of Each Disbursement this Period 362.28

SUBTOTAL of Disbursements This Page (optional) ▶

780.17

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Wells Fargo Bank <hr/> Mailing Address 101 N Phillips Avenue <hr/> City Sioux Falls State SD Zip Code 57104-6738 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-889 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 20.00
B.	Full Name (Last, First, Middle Initial) Wells Fargo Bank <hr/> Mailing Address 101 N Phillips Avenue <hr/> City Sioux Falls State SD Zip Code 57104-6738 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-927 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 20.00
C.	Full Name (Last, First, Middle Initial) Wells Fargo Bank <hr/> Mailing Address 101 N Phillips Avenue <hr/> City Sioux Falls State SD Zip Code 57104-6738 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-1041 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 29.00

SUBTOTAL of Disbursements This Page (optional) ▶	69.00
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Kathryn Behrens <hr/> Mailing Address PO Box 2464 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-962 Date of Disbursement 06 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 1154.37
B.	Full Name (Last, First, Middle Initial) Kathryn Behrens <hr/> Mailing Address PO Box 2464 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-970 Date of Disbursement 06 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 846.54
C.	Full Name (Last, First, Middle Initial) Kathryn Behrens <hr/> Mailing Address PO Box 2464 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement Expense Reimbursement - Insura Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-980 Date of Disbursement 06 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 134.00 <hr/> Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional) ▶

2134.91

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Cat Miller Mailing Address 3342 Raleigh Street City Denver State CO Zip Code 80212-1710 Purpose of Disbursement Finance Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-985 Date of Disbursement 06 / 14 / 2010 Amount of Each Disbursement this Period 4500.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Cat Miller Mailing Address 3342 Raleigh Street City Denver State CO Zip Code 80212-1710 Purpose of Disbursement Finance Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-1032 Date of Disbursement 06 / 29 / 2010 Amount of Each Disbursement this Period 4500.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Cat Miller Mailing Address 3342 Raleigh Street City Denver State CO Zip Code 80212-1710 Purpose of Disbursement Expense Reimbursement - Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-1036 Date of Disbursement 06 / 30 / 2010 Amount of Each Disbursement this Period 306.87 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

9306.87

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Allan Rounds Mailing Address PO Box 2464 City Sioux Falls State SD Zip Code 57101 Purpose of Disbursement Expense Reimbursement - Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-930 Date of Disbursement 06 / 01 / 2010 Amount of Each Disbursement this Period 922.78
B.	Full Name (Last, First, Middle Initial) Allan Rounds Mailing Address PO Box 2464 City Sioux Falls State SD Zip Code 57101 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-963 Date of Disbursement 06 / 03 / 2010 Amount of Each Disbursement this Period 843.24
C.	Full Name (Last, First, Middle Initial) Allan Rounds Mailing Address PO Box 2464 City Sioux Falls State SD Zip Code 57101 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-971 Date of Disbursement 06 / 10 / 2010 Amount of Each Disbursement this Period 636.97

SUBTOTAL of Disbursements This Page (optional) ▶

2402.99

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 43 / 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Allan Rounds Mailing Address PO Box 2464 City Sioux Falls State SD Zip Code 57101 Purpose of Disbursement Mileage Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-1035 Date of Disbursement 06 / 30 / 2010 Amount of Each Disbursement this Period 100.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Joshua Shields Mailing Address PO Box 2464 City Sioux Falls State SD Zip Code 57101-2464 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-964 Date of Disbursement 06 / 03 / 2010 Amount of Each Disbursement this Period 2663.99 Category/Type
C.	Full Name (Last, First, Middle Initial) Joshua Shields Mailing Address PO Box 2464 City Sioux Falls State SD Zip Code 57101-2464 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-972 Date of Disbursement 06 / 10 / 2010 Amount of Each Disbursement this Period 2039.84 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

4803.83

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

175003.47

**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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Donschell Family LLP Mailing Address 26912 Baker Park Place City Sioux Falls State SD Zip Code 57108-8202 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-1016 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2010 Amount of Each Disbursement this Period 1600.00 010 Category/ Type
B.	Full Name (Last, First, Middle Initial) GlobalRehab-Fort Worth, LP Mailing Address 6601 Harris Parkway City Fort Worth State TX Zip Code 76132-6108 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-1025 Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2010 Amount of Each Disbursement this Period 100.00 010 Category/ Type
C.	Full Name (Last, First, Middle Initial) GlobalRehab-San Antonio, LP Mailing Address 19126 Stonehue City San Antonio State TX Zip Code 78258-3490 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-1024 Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2010 Amount of Each Disbursement this Period 100.00 010 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1800.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Sioux Falls Surgical Physicians LLC

Mailing Address 910 E 20th Street

City State Zip Code
Sioux Falls SD 57105-1012

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-1018
Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

2400.00

B. Full Name (Last, First, Middle Initial)
Southern Brain and Spine LLC

Mailing Address 4228 Houma Boulevard
Suite 510

City State Zip Code
Metairie LA 70006-3015

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-1023
Date of Disbursement

06 / 19 / 2010

Amount of Each Disbursement this Period

100.00

C. Full Name (Last, First, Middle Initial)
Surgical Management Professionals LLC

Mailing Address 600 S Cliff Avenue
Suite 106

City State Zip Code
Sioux Falls SD 57104-5355

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-1019
Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

2400.00

SUBTOTAL of Disbursements This Page (optional) ▶

4900.00

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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Scott Becker

Transaction ID: B-E-1022
Date of Disbursement

Mailing Address 315 Vernon Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	0

City State Zip Code
Glencoe IL 60022-2136

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Contribution Refund

010

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Connie N. Benson

Transaction ID: B-E-987
Date of Disbursement

Mailing Address 4600 S Vista Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

City State Zip Code
Sioux Falls SD 57105-6856

Amount of Each Disbursement this Period

350.00

Purpose of Disbursement
Contribution Refund

010

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Gail M. Benson

Transaction ID: B-E-988
Date of Disbursement

Mailing Address 4600 S Vista Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

City State Zip Code
Sioux Falls SD 57105-6856

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
Contribution Refund

010

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

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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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) David R. Billion	Transaction ID: B-E-1020 Date of Disbursement 06 / 19 / 2010
	Mailing Address 1201 E Cedar Place	Amount of Each Disbursement this Period 2400.00
	City Sioux Falls State SD Zip Code 57103-4511	
	Purpose of Disbursement Contribution Refund Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) David H. Billion	Transaction ID: B-E-1021 Date of Disbursement 06 / 19 / 2010
	Mailing Address 3401 W 41st Street	Amount of Each Disbursement this Period 2400.00
	City Sioux Falls State SD Zip Code 57106-0710	
	Purpose of Disbursement Contribution Refund Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Martha B. Carlson	Transaction ID: B-E-989 Date of Disbursement 06 / 16 / 2010
	Mailing Address 11 S Riverview Heights	Amount of Each Disbursement this Period 2400.00
	City Sioux Falls State SD Zip Code 57105-0260	
	Purpose of Disbursement Contribution Refund Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7200.00
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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Walter O. Carlson

Transaction ID: B-E-990
Date of Disbursement

Mailing Address 11 S Riverview Heights

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

City State Zip Code
Sioux Falls SD 57105-0260

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Contribution Refund
Candidate Name

010
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Paul A. Cink

Transaction ID: B-E-991
Date of Disbursement

Mailing Address 7009 S Honors Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

City State Zip Code
Sioux Falls SD 57108-8246

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
Contribution Refund
Candidate Name

010
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Shirley A. Cink

Transaction ID: B-E-992
Date of Disbursement

Mailing Address 7009 S Honors Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

City State Zip Code
Sioux Falls SD 57108-8246

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Contribution Refund
Candidate Name

010
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

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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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Janet B. Cronin Mailing Address PO Box 124 City Gettysburg State SD Zip Code 57442-0124 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-993 Date of Disbursement 06 / 16 / 2010 Amount of Each Disbursement this Period 1600.00 010 Category/ Type
B.	Full Name (Last, First, Middle Initial) Deborah J. Curd Mailing Address PO Box 2464 City Sioux Falls State SD Zip Code 57101-2464 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-994 Date of Disbursement 06 / 16 / 2010 Amount of Each Disbursement this Period 2400.00 010 Category/ Type
C.	Full Name (Last, First, Middle Initial) Denise A. Curd Mailing Address 7590 Crestview Drive City Longmont State CO Zip Code 80504-7301 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-995 Date of Disbursement 06 / 16 / 2010 Amount of Each Disbursement this Period 2400.00 010 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6400.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Derek R. Curd <hr/> Mailing Address 7590 Crestview Drive <hr/> City Longmont State CO Zip Code 80504-7301 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-996 Date of Disbursement 06 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 2400.00
B.	Full Name (Last, First, Middle Initial) Nancy L. Curd <hr/> Mailing Address 918 N Avalon Ct <hr/> City Granbury State TX Zip Code 76048 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-997 Date of Disbursement 06 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 2400.00
C.	Full Name (Last, First, Middle Initial) Richard A. Curd <hr/> Mailing Address 918 N Avalon Ct <hr/> City Granbury State TX Zip Code 76048 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-998 Date of Disbursement 06 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 2400.00

SUBTOTAL of Disbursements This Page (optional) ▶	7200.00
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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Richard Blake Curd <hr/> Mailing Address PO Box 2464 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-999 Date of Disbursement 06 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 2400.00 <hr/> 010 Category/ Type
B.	Full Name (Last, First, Middle Initial) Cathy M. Hofer <hr/> Mailing Address 629 W 9th Street <hr/> City Sioux Falls State SD Zip Code 57104-3605 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-1000 Date of Disbursement 06 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 2350.00 <hr/> 010 Category/ Type
C.	Full Name (Last, First, Middle Initial) Darlys R. Hofer <hr/> Mailing Address 629 W 9th Street <hr/> City Sioux Falls State SD Zip Code 57104-3605 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-1001 Date of Disbursement 06 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 2400.00 <hr/> 010 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7150.00
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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Steve Kirby

Transaction ID: B-E-1002
Date of Disbursement

Mailing Address 24 S Riverview Heights

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

City State Zip Code
Sioux Falls SD 57105-0259

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Contribution Refund

010

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Suzie Kirby

Transaction ID: B-E-1003
Date of Disbursement

Mailing Address 24 S Riverview Heights

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

City State Zip Code
Sioux Falls SD 57105-0259

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Contribution Refund

010

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Katherine M. Looby

Transaction ID: B-E-1004
Date of Disbursement

Mailing Address 5021 S Old Yankton Place

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

City State Zip Code
Sioux Falls SD 57108-2637

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Contribution Refund

010

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

7200.00

TOTAL This Period (last page this line number only)

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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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Peter A. Looby	Transaction ID: B-E-1005 Date of Disbursement 06 / 16 / 2010
	Mailing Address 5021 S Old Yankton Place	Amount of Each Disbursement this Period 2400.00
	City Sioux Falls State SD Zip Code 57108-2637	
	Purpose of Disbursement Contribution Refund Candidate Name	010 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JoAnn Meyer	Transaction ID: B-E-1006 Date of Disbursement 06 / 16 / 2010
	Mailing Address 2505 E Slaten Park Circle	Amount of Each Disbursement this Period 2400.00
	City Sioux Falls State SD Zip Code 57103-4648	
	Purpose of Disbursement Contribution Refund Candidate Name	010 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Vaughn H. Meyer	Transaction ID: B-E-1007 Date of Disbursement 06 / 16 / 2010
	Mailing Address 2505 E Slaten Park Circle	Amount of Each Disbursement this Period 2400.00
	City Sioux Falls State SD Zip Code 57103-4648	
	Purpose of Disbursement Contribution Refund Candidate Name	010 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7200.00

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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Steven L. Rohlf Mailing Address 8809 E Hidden Valley Road City Sioux Falls State SD Zip Code 57110-7432 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-1008 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2010 Amount of Each Disbursement this Period 2400.00 010 Category/ Type
B.	Full Name (Last, First, Middle Initial) David Rosinsky Mailing Address 2908 S Saint Charles Lane City Sioux Falls State SD Zip Code 57103-4668 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-1009 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2010 Amount of Each Disbursement this Period 200.00 010 Category/ Type
C.	Full Name (Last, First, Middle Initial) Ann M. Schellpfeffer Mailing Address 26912 Baker Park Place City Sioux Falls State SD Zip Code 57108-8202 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-1010 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2010 Amount of Each Disbursement this Period 600.00 010 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

3200.00

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)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial) Daniel G. Tynan	Transaction ID: B-E-1014 Date of Disbursement MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 1210 W 18th Street Suite 204 City Sioux Falls State SD Zip Code 57104-4650 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 2400.00	
B. Full Name (Last, First, Middle Initial) Mary A. Tynan	Transaction ID: B-E-1015 Date of Disbursement MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 1210 W 18th Street Suite 204 City Sioux Falls State SD Zip Code 57104-4650 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 2400.00	

SUBTOTAL of Disbursements This Page (optional)

4800.00

TOTAL This Period (last page this line number only)

67450.00

**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)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input checked="" type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Physician Hospitals of America PAC

Transaction ID: B-E-1017

Date of Disbursement

Mailing Address 5900 S Western Avenue
Suite 102

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

City State Zip Code
Sioux Falls SD 57108-5082

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution Refund

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Curd for Congress

Transaction ID: SC/10-L1

LOAN SOURCE Full Name (Last, First, Middle Initial)
Richard Blake Curd - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
P2010

Mailing Address PO Box 2464

City Sioux Falls State SD ZIP Code 57101

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred: MM DD YY 05 04 2010 Date Due: 6/30/2010 Interest Rate: 0 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	30000.00
TOTALS This Period (last page in this line only)	▶	

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

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 59 / 62
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
Curd for Congress

Transaction ID: SC/10-L2

LOAN SOURCE Full Name (Last, First, Middle Initial) Richard Blake Curd - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ P2010
Mailing Address PO Box 2464	
City Sioux Falls State SD ZIP Code 57101	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 05 D D 17 Y Y Y Y 2010	6/30/2010	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	[]

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

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Curd for Congress

Transaction ID: SC/10-L3

LOAN SOURCE Full Name (Last, First, Middle Initial)
Richard Blake Curd - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
P2010

Mailing Address PO Box 2464

City Sioux Falls State SD ZIP Code 57101

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
42000.00	0.00	42000.00

TERMS

Date Incurred: MM DD YY 05 24 2010 Date Due: 6/30/2010 Interest Rate: 0 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	▶	42000.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3)

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Curd for Congress

Transaction ID: SC/10-L4

LOAN SOURCE Full Name (Last, First, Middle Initial)
Richard Blake Curd - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
P2010

Mailing Address PO Box 2464

City Sioux Falls State SD ZIP Code 57101

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
56376.00	0.00	56376.00

TERMS

Date Incurred: M M 05 D D 28 Y Y Y Y 2010
Date Due: None
Interest Rate: 0 % (apr)
Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	▶	56376.00
TOTALS This Period (last page in this line only)	▶	178376.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 62 / 62
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Curd for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Visa			Nature of Debt (Purpose): Credit Card Payment
Mailing Address PO Box 4512			
City Carol Stream	State IL	ZIP Code 60197-4512	

Outstanding Balance Beginning This Period		Transaction ID: SD10-DEBT938	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1454.79	0.00	1454.79	

1) SUBTOTALS This Period This Page (optional).....	1454.79
2) TOTALS This Period (last page this line number only).....	1454.79
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	178376.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	179830.79