

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

JEFF BARTH CONGRESS

ADDRESS (number and street) ▼

PO BOX 1732

Check if different than previously reported. (ACC)

SIOUX FALLS

SD

57101

2. **FEC IDENTIFICATION NUMBER** ▼

C C00498915

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

SD

01

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

(a) Quarterly Reports:

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

Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

Type or Print Name of Treasurer John Claussen

Signature of Treasurer John Claussen

[Electronically Filed]

Date

/  /

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

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**JEFF BARTH CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2011 To: M M / D D / Y Y Y Y 12 / 31 / 2011

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	4889.00	12732.30
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	4889.00	12732.30
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	16318.34	26343.30
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16318.34	26343.30
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>7461.97</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>21072.97</b>	

**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

**JEFF BARTH CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1965.00	7558.60
(ii) Unitemized.....	2924.00	3454.00
(iii) TOTAL of contributions from individuals ▶	4889.00	11012.60
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	1719.70
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4889.00	12732.30
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	14873.65	21072.97
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	14873.65	21072.97
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	19762.65	33805.27

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16318.34	26343.30
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	16318.34	26343.30

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4017.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19762.65
25. SUBTOTAL (add Line 23 and Line 24).....	23780.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16318.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7461.97

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**JEFF BARTH CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JEFF BARTH**

Mailing Address **PO BOX 1732**

City **SIoux FALLS** State **SD** Zip Code **57101**

FEC ID number of contributing federal political committee. **C H2SD01033**

Name of Employer Candidate Occupation Candidate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11317.67**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 18 / 2011**

**Transaction ID : SA11AI.4207**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address **611 61st Ave**

City **Silver Spring** State **MD** Zip Code **20901**

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

Name of Employer [Requested] Occupation [Requested]

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : SA11AI.4196**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **3204 S Jefferson Ave**

City **Sioux Falls** State **SD** Zip Code **57105**

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

Name of Employer N/A Occupation Not employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 14 / 2011**

**Transaction ID : SA11AI.4208**

Amount of Each Receipt this Period  
**500.00**

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

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

**1025.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JEFF BARTH CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Anthony Modica**

Mailing Address 9504 Varek Pl

City State Zip Code  
Silver Spring MD 20901

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

Name of Employer Occupation  
Holy Cross Hospital Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : SA11AI.4186**

Amount of Each Receipt this Period  
600.00

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

Mailing Address 5107 Wilson Ln

City State Zip Code  
Bethesda MD 20814

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

Name of Employer Occupation  
Federal Aviation Administratio Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
340.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : SA11AI.4192**

Amount of Each Receipt this Period  
340.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

940.00

1965.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JEFF BARTH CONGRESS**

Full Name (Last, First, Middle Initial) <b>JEFF BARTH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2011	
Mailing Address PO BOX 1732		<b>Transaction ID : SA13A.4317</b>	
City SIOUX FALLS	State SD	Zip Code 57101	
FEC ID number of contributing federal political committee. C H2SD01033		Amount of Each Receipt this Period 3000.00	
Name of Employer Candidate Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Candidate Election Cycle-to-Date 10919.02		

Full Name (Last, First, Middle Initial) <b>JEFF BARTH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2011	
Mailing Address PO BOX 1732		<b>Transaction ID : SA13A.4318</b>	
City SIOUX FALLS	State SD	Zip Code 57101	
FEC ID number of contributing federal political committee. C H2SD01033		Amount of Each Receipt this Period 373.65	
Name of Employer Candidate Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Candidate Election Cycle-to-Date 11292.67		

Full Name (Last, First, Middle Initial) <b>JEFF BARTH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 18 / 2011	
Mailing Address PO BOX 1732		<b>Transaction ID : SA13A.4319</b>	
City SIOUX FALLS	State SD	Zip Code 57101	
FEC ID number of contributing federal political committee. C H2SD01033		Amount of Each Receipt this Period 10000.00	
Name of Employer Candidate Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Candidate Election Cycle-to-Date 21317.67		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13373.65
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JEFF BARTH CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JEFF BARTH**

Mailing Address PO BOX 1732

City: SIOUX FALLS      State: SD      Zip Code: 57101

FEC ID number of contributing federal political committee: **C H2SD01033**

Name of Employer Candidate: \_\_\_\_\_ Occupation Candidate: \_\_\_\_\_

Receipt For: 2012  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_ **22317.67**

Date of Receipt: **11 / 21 / 2011**

**Transaction ID : SA13A.4320**

Amount of Each Receipt this Period: **1000.00**

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

Mailing Address PO BOX 1732

City: SIOUX FALLS      State: SD      Zip Code: 57101

FEC ID number of contributing federal political committee: **C H2SD01033**

Name of Employer Candidate: \_\_\_\_\_ Occupation Candidate: \_\_\_\_\_

Receipt For: 2012  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_ **22817.67**

Date of Receipt: **12 / 12 / 2011**

**Transaction ID : SA13A.4321**

Amount of Each Receipt this Period: **500.00**

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

Mailing Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Name of Employer Candidate: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt

Amount of Each Receipt this Period

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

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

**1500.00**

**14873.65**



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

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NAME OF COMMITTEE (In Full)  
**JEFF BARTH CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Advertising Arts, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address 3617 N 1st Ave		Amount of Each Disbursement this Period 208.03 <b>Transaction ID : SB17.4164</b>
City Sioux Falls	State SD	
Purpose of Disbursement Advertising	Category/ Type 004	
Candidate Name <b>JEFF BARTH CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SD District: 01		

Full Name (Last, First, Middle Initial) <b>B. Advertising Arts, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address 3617 N 1st Ave		Amount of Each Disbursement this Period 373.65 <b>Transaction ID : SB17.4325</b>
City Sioux Falls	State SD	
Purpose of Disbursement Printing	Category/ Type 006	
Candidate Name <b>JEFF BARTH CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SD District: 01		

Full Name (Last, First, Middle Initial) <b>c. Scott Hofer</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2011
Mailing Address 1920 S Summit Ave		Amount of Each Disbursement this Period 291.92 <b>Transaction ID : SB17.4161</b>
City Sioux Falls	State SD	
Purpose of Disbursement Wages	Category/ Type 001	
Candidate Name <b>JEFF BARTH CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SD District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	873.60
<b>TOTAL</b> 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 10 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JEFF BARTH CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Scott Hofer</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2011
Mailing Address 1920 S Summit Ave		Amount of Each Disbursement this Period 291.92 <b>Transaction ID : SB17.4168</b>
City Sioux Falls	State SD	
Purpose of Disbursement Wages	Category/ Type 001	
Candidate Name <b>JEFF BARTH CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SD District: 01		

Full Name (Last, First, Middle Initial) <b>B. Scott Hofer</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2011
Mailing Address 1920 S Summit Ave		Amount of Each Disbursement this Period 291.92 <b>Transaction ID : SB17.4169</b>
City Sioux Falls	State SD	
Purpose of Disbursement Wages	Category/ Type 001	
Candidate Name <b>JEFF BARTH CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SD District: 01		

Full Name (Last, First, Middle Initial) <b>c. Scott Hofer</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2011
Mailing Address 1920 S Summit Ave		Amount of Each Disbursement this Period 291.92 <b>Transaction ID : SB17.4172</b>
City Sioux Falls	State SD	
Purpose of Disbursement Wages	Category/ Type 001	
Candidate Name <b>JEFF BARTH CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SD District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	875.76
<b>TOTAL</b> 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 11 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JEFF BARTH CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Scott Hofer</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011
Mailing Address 1920 S Summit Ave		Amount of Each Disbursement this Period 291.92 <b>Transaction ID : SB17.4173</b>
City Sioux Falls	State SD	
Zip Code 57105	Purpose of Disbursement Wages	Category/ Type 001
Candidate Name <b>JEFF BARTH CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: SD District: 01	

Full Name (Last, First, Middle Initial) <b>B. Scott Hofer</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2011
Mailing Address 1920 S Summit Ave		Amount of Each Disbursement this Period 291.92 <b>Transaction ID : SB17.4177</b>
City Sioux Falls	State SD	
Zip Code 57105	Purpose of Disbursement Wages	Category/ Type 001
Candidate Name <b>JEFF BARTH CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: SD District: 01	

Full Name (Last, First, Middle Initial) <b>c. Scott Hofer</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011
Mailing Address 1920 S Summit Ave		Amount of Each Disbursement this Period 291.92 <b>Transaction ID : SB17.4178</b>
City Sioux Falls	State SD	
Zip Code 57105	Purpose of Disbursement Wages	Category/ Type 001
Candidate Name <b>JEFF BARTH CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: SD District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	875.76
<b>TOTAL</b> 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 12 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JEFF BARTH CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Limestone, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address 4301 W 57th St, Suite 132		Amount of Each Disbursement this Period 127.20 <b>Transaction ID : SB17.4166</b>
City Sioux Falls	State SD	
Zip Code 57108	Purpose of Disbursement Bookkeeping	Category/ Type 001
Candidate Name <b>JEFF BARTH CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: SD District: 01	

Full Name (Last, First, Middle Initial) <b>B. MediaOne</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2011
Mailing Address 3918 S Western Ave		Amount of Each Disbursement this Period 3529.88 <b>Transaction ID : SB17.4170</b>
City Sioux Falls	State SD	
Zip Code 57105	Purpose of Disbursement Website	Category/ Type 004
Candidate Name <b>JEFF BARTH CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: SD District: 01	

Full Name (Last, First, Middle Initial) <b>c. MediaOne</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2011
Mailing Address 3918 S Western Ave		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB17.4175</b>
City Sioux Falls	State SD	
Zip Code 57105	Purpose of Disbursement Fundraising Mailer	Category/ Type 003
Candidate Name <b>JEFF BARTH CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: SD District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13657.08
<b>TOTAL</b> This Period (last page this line number only).....	16282.20

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4135**  
**JEFF BARTH CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**JEFF BARTH**  Primary  
 Mailing Address PO BOX 1732  General  
 Other (specify) ▼

City State ZIP Code  
 SIOUX FALLS SD 57101

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 07 / D 01 / Y 2011 M M / D D / Y 11/06/2012 2.00 % (apr)  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 5000.00  
**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)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4154**  
**JEFF BARTH CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>JEFF BARTH</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 1732		

City	State	ZIP Code
SIoux FALLS	SD	57101

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
684.80	0.00	684.80

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
07 / 29 / 2011	11/06/12	2.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	684.80
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4155**  
**JEFF BARTH CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>JEFF BARTH</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 1732		

City	State	ZIP Code
SIoux FALLS	SD	57101

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
291.92	0.00	291.92

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 / 12 / 2011	11/06/12	2.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	291.92
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4156**  
**JEFF BARTH CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**JEFF BARTH**  Primary  
 Mailing Address PO BOX 1732  General  
 Other (specify) ▼

City State ZIP Code  
 SIOUX FALLS SD 57101

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
222.60	0.00	222.60

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 15 / Y 2011	M / D / Y 11/06/12	2.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	222.60
<b>TOTALS</b> 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)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4317**  
**JEFF BARTH CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>JEFF BARTH</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 1732		

City	State	ZIP Code
SIoux FALLS	SD	57101

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 24 / Y 2011	M / D / Y 11/06/12	2.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="3000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>

**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)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4318

**JEFF BARTH CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**JEFF BARTH**

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 1732

City

State

ZIP Code

SIoux FALLS

SD

57101

Original Amount of Loan

373.65

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

373.65

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 24 / 2011

Date Due

M M / D D / Y Y Y Y  
11/06/2012

Interest Rate

2.00 % (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

373.65

**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) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4319

JEFF BARTH CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

JEFF BARTH

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 1732

City

State

ZIP Code

SIoux FALLS

SD

57101

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

11<sup>M</sup>

18<sup>D</sup>

2011<sup>Y</sup>

11/06/2012<sup>Y</sup>

2.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

10000.00

**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)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4320

**JEFF BARTH CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**JEFF BARTH**

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 1732

City

State

ZIP Code

SIoux FALLS

SD

57101

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

11<sup>M</sup>

21<sup>D</sup>

2011<sup>Y</sup>

11/06/2012<sup>Y</sup>

2.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....

1000.00

**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) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4321**  
**JEFF BARTH CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012  
**JEFF BARTH**  Primary  
 Mailing Address General  
 PO BOX 1732  Other (specify) ▼

City State ZIP Code  
 SIOUX FALLS SD 57101

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 12 / Y 2011	M / D / Y 11/06/2012	2.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	21072.97

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