

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

PARRY FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 188

Check if different than previously reported. (ACC)

WASECA

MN

56093

2. **FEC IDENTIFICATION NUMBER** ▼

C C00503706

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

MN

01

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

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

Type or Print Name of Treasurer Dale DeRaad

Signature of Treasurer Dale DeRaad

[Electronically Filed]

Date

/  /

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

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

Write or Type Committee Name  
**PARRY FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	12265.00	123460.10
(b) Total Contribution Refunds (from Line 20(d)) .....	8000.00	8900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4265.00	114560.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	31490.95	113989.08
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.19
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	31490.95	113988.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	571.21	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**PARRY FOR CONGRESS**

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

<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).....	9900.00	100719.44
(ii) Unitemized.....	2365.00	21890.66
(iii) TOTAL of contributions from individuals ▶	12265.00	122610.10
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	850.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	12265.00	123460.10
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.19
<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>	12265.00	123460.29

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	31490.95	113989.08
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 .....	8000.00	8900.00
(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)).....	8000.00	8900.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	39490.95	122889.08

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	27797.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12265.00
25. SUBTOTAL (add Line 23 and Line 24).....	40062.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39490.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	571.21

**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 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia Anderson**

Mailing Address 4 Apple Orchard Court

City State Zip Code  
Dellwood MN 55110

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11AI.5668**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Walter Jr. Barry**

Mailing Address 2960 Gale Road

City State Zip Code  
Wayzata MN 55391

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

Name of Employer Information Requested Occupation Information Requested  
None Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : SA11AI.5684**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 40163 State Hwy 13

City State Zip Code  
Waseca MN 56093

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

Name of Employer Information Requested Occupation Information Requested  
Self Employed Excavating

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11AI.5653**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

**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 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Colleen Brenner**

Mailing Address 1763 Gilmore Avenue

City Winona State MN Zip Code 55987

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

Name of Employer None Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : SA11AI.5661**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Bunnell**

Mailing Address 18467 Bearpath Trail

City Eden Prairie State MN Zip Code 55347

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

Name of Employer Commerce Label, Inc Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2012

**Transaction ID : SA11AI.5703**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 23389 Paris Ave N

City Scandia State MN Zip Code 55073

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : SA11AI.5715**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

**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 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ernest Comeaux**

Mailing Address 46626 Kimberly Road

City Madison Lake State MN Zip Code 56063

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

Name of Employer Self Occupation Health Care

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : SA11AI.5670**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 24102 Greenland Rd

City Madison Lake State MN Zip Code 56063

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

Name of Employer Self Occupation Resort Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2012

**Transaction ID : SA11AI.5724**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 14310 Rice Lake Drive

City Waseca State MN Zip Code 56093

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : SA11AI.5694**

Amount of Each Receipt this Period  
 250.00

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

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

2000.00

**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 8 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

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

Mailing Address 8017 Harris Trl

City State Zip Code  
Morristown MN 55052

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

Name of Employer self Occupation agriculture

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : SA11AI.5697**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 6408 Interlachen Blvd

City State Zip Code  
Edina MN 55436

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

Name of Employer Minneapolis Radiatoin Oncology Occupation Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : SA11AI.5699**

Amount of Each Receipt this Period  
800.00

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

Mailing Address 16424 Leroy Ave

City State Zip Code  
Kilkenny MN 56052

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2012

**Transaction ID : SA11AI.5725**

Amount of Each Receipt this Period  
200.00

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

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

1200.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Valerie Jerich**

Mailing Address 166 Stonebridge Rd

City Lilydale State MN Zip Code 55118

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

Name of Employer Jerich and Associates Occupation Lobbyist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : SA11AI.5717**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 5905 Chateau Rd NW

City Rochester State MN Zip Code 55901

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

Name of Employer Self Occupation IT Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11AI.5666**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 218 Locust St

City Mankato State MN Zip Code 56001

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

Name of Employer Linder Farm Network Occupation Co-Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : SA11AI.5730**

Amount of Each Receipt this Period  
**100.00**

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

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

**300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Lundin**

Mailing Address 4460 Washington Blvd

City Madison Lake State MN Zip Code 56063

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 02 / 2012**

**Transaction ID : SA11AI.5677**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Paul Overgaard**

Mailing Address 1728 Bay Oaks Dr

City Albert Lea State MN Zip Code 56007

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 30 / 2012**

**Transaction ID : SA11AI.5662**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 4841 Lake Ave

City White Bear Lake State MN Zip Code 55110

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 10 / 2012**

**Transaction ID : SA11AI.5698**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ed Preichel</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2012	
Mailing Address 29351 128th Street		<b>Transaction ID : SA11AI.5721</b>	
City Waseca	State MN	Zip Code 56093	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Top Gun Shooting Sports	Occupation Owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

Full Name (Last, First, Middle Initial) <b>B. Curtis Sampson</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2012	
Mailing Address Box 486		<b>Transaction ID : SA11AI.5711</b>	
City Hector	State MN	Zip Code 55342	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Comm Systems Inc	Occupation Executive		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Randall Sampson</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2012	
Mailing Address 30 lake Susan Hills Dr		<b>Transaction ID : SA11AI.5712</b>	
City Chanhassen	State MN	Zip Code 55317	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Canterbury Park	Occupation CEO		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 750.00
<b>TOTAL</b> 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 12 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Slaggie**

Mailing Address 1870 Ralph Scharmer Drive

City Winona State MN Zip Code 55987

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : SA11AI.5664**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark Swelland**

Mailing Address 24940 W Cedar Lake Drive

City New Prague State MN Zip Code 56071

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

Name of Employer New Prague Ford Mercury Occupation Car Salesman

Receipt For: 2012  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2012

**Transaction ID : SA11AI.5733**

Amount of Each Receipt this Period  
 200.00

Debt Retirement

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

Mailing Address 6108 Shamrock Drive

City Madison Lake State MN Zip Code 56063

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

Name of Employer Vetter Stone Company Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11AI.5682**

Amount of Each Receipt this Period  
 250.00

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

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

700.00

9900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Casey's</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 521 Woodkey St W		Amount of Each Disbursement this Period 7.26 <b>Transaction ID : SB17.5747</b>
City Northfield	State MN Zip Code 55057	
Purpose of Disbursement Food and Beverage	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Casey's</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 521 Woodkey St W		Amount of Each Disbursement this Period 5.04 <b>Transaction ID : SB17.5748</b>
City Northfield	State MN Zip Code 55057	
Purpose of Disbursement Food and Beverage	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Casey's</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2012
Mailing Address 521 Woodkey St W		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.5749</b>
City Northfield	State MN Zip Code 55057	
Purpose of Disbursement Transportation: Fuel	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	162.30
<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 14 OF 32			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Centurylink</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address 641 W Bridge St		Amount of Each Disbursement this Period 75.00
City Owatonna	State MN	
Zip Code 55060	Purpose of Disbursement Internet Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Clear Lake Signs</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 300 16th Ave Se		Amount of Each Disbursement this Period 2205.47
City Waseca	State MN	
Zip Code 56093	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 122 Hudson St		Amount of Each Disbursement this Period 55.00
City New York	State NY	
Zip Code 10013	Purpose of Disbursement Online Marketing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2335.47
<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 15 OF 32			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Elisabeth DeBeck</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 2123 Pleasant Ave S Apt 3		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.5758</b>
City Minneapolis	State MN	
Zip Code 55404	Purpose of Disbursement Website Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Downtowner</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 253 7th St W		Amount of Each Disbursement this Period 55.88 <b>Transaction ID : SB17.5757</b>
City SAINT PAUL	State MN	
Zip Code 55102	Purpose of Disbursement Food and Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ford Credit</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 1001 Hoffman Dr		Amount of Each Disbursement this Period 525.95 <b>Transaction ID : SB17.5769</b>
City Owatonna	State MN	
Zip Code 55060	Purpose of Disbursement Vehicle Lease	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	681.83
<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 16 OF 32			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Ford Credit</b>		M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 1001 Hoffman Dr		Amount of Each Disbursement this Period
City Owatonna	State MN	Zip Code 55060
Purpose of Disbursement Bank Charges	Category/Type	
Candidate Name	Transaction ID : SB17.5770	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Ford Credit</b>		M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 1001 Hoffman Dr		Amount of Each Disbursement this Period
City Owatonna	State MN	Zip Code 55060
Purpose of Disbursement Vehicle Lease	Category/Type	
Candidate Name	Transaction ID : SB17.5767	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Ford Credit</b>		M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 1001 Hoffman Dr		Amount of Each Disbursement this Period
City Owatonna	State MN	Zip Code 55060
Purpose of Disbursement Bank Charges	Category/Type	
Candidate Name	Transaction ID : SB17.5771	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	539.95
<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 17 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ford Credit</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address 1001 Hoffman Dr		Amount of Each Disbursement this Period 525.95 <b>Transaction ID : SB17.5768</b>
City Owatonna	State MN	
Zip Code 55060	Purpose of Disbursement Vehicle Lease	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ford Credit</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address 1001 Hoffman Dr		Amount of Each Disbursement this Period 7.00 <b>Transaction ID : SB17.5772</b>
City Owatonna	State MN	
Zip Code 55060	Purpose of Disbursement Bank Charges	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Doug Gardner</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 5500 Nathan Lane N #3		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.5755</b>
City Plymouth	State MN	
Zip Code 55442	Purpose of Disbursement Management Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2532.95
<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 18 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Doug Gardner</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 5500 Nathan Lane N #3		Amount of Each Disbursement this Period 748.00
City Plymouth	State MN	
Zip Code 55442	Purpose of Disbursement Management Consulting	Transaction ID : SB17.5756
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Golnik Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 1192 Portland Ave		Amount of Each Disbursement this Period 5805.20
City SAINT PAUL	State MN	
Zip Code 55104	Purpose of Disbursement Management Consulting	Transaction ID : SB17.5773
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Golnik Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 1192 Portland Ave		Amount of Each Disbursement this Period 4546.00
City SAINT PAUL	State MN	
Zip Code 55104	Purpose of Disbursement Management Consulting	Transaction ID : SB17.5774
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11099.20
<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 19 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Golnik Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 1192 Portland Ave		Amount of Each Disbursement this Period 598.23 <b>Transaction ID : SB17.5775</b>
City SAINT PAUL State MN Zip Code 55104	Purpose of Disbursement Management Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Green Mill</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 2218 East Main St		Amount of Each Disbursement this Period 40.09 <b>Transaction ID : SB17.5776</b>
City Albert Lea State MN Zip Code 56007	Purpose of Disbursement Food and Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shawn Hegard</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 9131 Hyland Creek Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.5822</b>
City Minneapolis State MN Zip Code 55437	Purpose of Disbursement Video Production	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1138.32
<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 20 OF 32			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Holiday</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 420 N Main St		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.5780</b>
City Le Sueur	State MN	
Zip Code 56058	Purpose of Disbursement Transportation: Fuel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Holiday Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 1025 Highway 61 E		Amount of Each Disbursement this Period 147.89 <b>Transaction ID : SB17.5781</b>
City WINONA	State MN	
Zip Code 55987	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Holiday Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 1025 Highway 61 E		Amount of Each Disbursement this Period 157.83 <b>Transaction ID : SB17.5782</b>
City WINONA	State MN	
Zip Code 55987	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	330.72
<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 21 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. KKOR</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 255 Cedardale Ave		Amount of Each Disbursement this Period 940.00 <b>Transaction ID : SB17.5784</b>
City Owatonna State MN Zip Code 55060	Purpose of Disbursement Advertising	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KOWZ FM</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 255 Cedardale Ave		Amount of Each Disbursement this Period 1100.00 <b>Transaction ID : SB17.5788</b>
City Owatonna State MN Zip Code 55060	Purpose of Disbursement Advertising	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kwik Trip</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 123.01 <b>Transaction ID : SB17.5789</b>
City Waseca State MN Zip Code 56093	Purpose of Disbursement Transportation: Fuel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2163.01
<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 22 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kwik Trip</b>		Date of Disbursement
Mailing Address 501 Elm Ave W		M M / D D / Y Y Y Y 07 / 30 / 2012
City Waseca	State MN	Zip Code 56093
Purpose of Disbursement Transportation: Fuel	Candidate Name	Amount of Each Disbursement this Period 119.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Kwik Trip</b>		Date of Disbursement
Mailing Address 501 Elm Ave W		M M / D D / Y Y Y Y 08 / 02 / 2012
City Waseca	State MN	Zip Code 56093
Purpose of Disbursement Transportation: Fuel	Candidate Name	Amount of Each Disbursement this Period 108.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Kwik Trip</b>		Date of Disbursement
Mailing Address 501 Elm Ave W		M M / D D / Y Y Y Y 08 / 06 / 2012
City Waseca	State MN	Zip Code 56093
Purpose of Disbursement Food and Beverage	Candidate Name	Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	237.90
<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 23 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kwik Trip</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 64.60
City Waseca	State MN	
Zip Code 56093	Purpose of Disbursement Transportation: Fuel	<b>Transaction ID : SB17.5793</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kwik Trip</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 110.00
City Waseca	State MN	
Zip Code 56093	Purpose of Disbursement Transportation: Fuel	<b>Transaction ID : SB17.5794</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kwik Trip</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 10.00
City Waseca	State MN	
Zip Code 56093	Purpose of Disbursement Food and Beverage	<b>Transaction ID : SB17.5795</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	184.60
<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 24 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kwik Trip</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 89.60
City Waseca	State MN	
Zip Code 56093	Purpose of Disbursement Transportation: Fuel	<b>Transaction ID : SB17.5796</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kwik Trip</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 46.01
City Waseca	State MN	
Zip Code 56093	Purpose of Disbursement Transportation: Fuel	<b>Transaction ID : SB17.5797</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kwik Trip</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 10.00
City Waseca	State MN	
Zip Code 56093	Purpose of Disbursement Food and Beverage	<b>Transaction ID : SB17.5798</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	145.61
<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 25 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kwik Trip</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 789.30 <b>Transaction ID : SB17.5799</b>
City Waseca	State MN	
Purpose of Disbursement Transportation: Fuel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Kwik Trip</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 501 Elm Ave W		Amount of Each Disbursement this Period 121.60 <b>Transaction ID : SB17.5800</b>
City Waseca	State MN	
Purpose of Disbursement Transportation: Fuel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Lake Region Life</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address 115 S 3rd St		Amount of Each Disbursement this Period 610.50 <b>Transaction ID : SB17.5802</b>
City Waterville	State MN	
Purpose of Disbursement Advertising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	789.30
<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 26 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 1201 S Broadway		Amount of Each Disbursement this Period 967.00 <b>Transaction ID : SB17.5806</b>
City Rochester	State MN Zip Code 55904	
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Owatonna Country Club</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 1991 Lemond Rd		Amount of Each Disbursement this Period 136.94 <b>Transaction ID : SB17.5807</b>
City Owatonna	State MN Zip Code 55060	
Purpose of Disbursement Food and Beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Pinnacle Direct</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address 15260 113th St N		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.5809</b>
City Stillwater	State MN Zip Code 55082	
Purpose of Disbursement Direct Mailing	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	967.00
<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 27 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Radio Mankato</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 255 Cedardale Ave		Amount of Each Disbursement this Period 1492.00
City Owatonna	State MN	
Zip Code 55060	Purpose of Disbursement Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RDL &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 670 Kingfisher Ln		Amount of Each Disbursement this Period 1000.00
City Woodbury	State MN	
Zip Code 55125	Purpose of Disbursement Management Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Superamerica</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 23087 State Highway 13		Amount of Each Disbursement this Period 91.37
City Albert Lea	State MN	
Zip Code 56007	Purpose of Disbursement Transportation: Fuel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2583.37
<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 28 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. The Plaza Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 1025 US 61		Amount of Each Disbursement this Period 121.95 <b>Transaction ID : SB17.5830</b>
City Winona	State MN Zip Code 55987	
Purpose of Disbursement Lodging	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tri M Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 625 E Main St		Amount of Each Disbursement this Period 791.87 <b>Transaction ID : SB17.5831</b>
City Owatonna	State MN Zip Code 55060	
Purpose of Disbursement Office Supplies	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 1800 North State St		Amount of Each Disbursement this Period 161.95 <b>Transaction ID : SB17.5833</b>
City Waseca	State MN Zip Code 56093	
Purpose of Disbursement Telephone Services	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1075.77
<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 29 OF 32		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 1800 North State St		Amount of Each Disbursement this Period 251.98 <b>Transaction ID : SB17.5834</b>
City Waseca State MN Zip Code 56093	Purpose of Disbursement Telephone Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2012
Mailing Address 1800 North State St		Amount of Each Disbursement this Period 374.40 <b>Transaction ID : SB17.5835</b>
City Waseca State MN Zip Code 56093	Purpose of Disbursement Telephone Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 2103 North State St		Amount of Each Disbursement this Period 99.29 <b>Transaction ID : SB17.5838</b>
City Waseca State MN Zip Code 56093	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	725.67
<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 30 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Westbrook Design</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 1477 Lincoln Ave		Amount of Each Disbursement this Period 455.00 <b>Transaction ID : SB17.5840</b>
City Saint Paul	State MN	
Zip Code 55105	Purpose of Disbursement Website Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Winona Radio</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 752 Bluffview Cir		Amount of Each Disbursement this Period 1997.00 <b>Transaction ID : SB17.5842</b>
City Winona	State MN	
Zip Code 55987	Purpose of Disbursement Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2452.00
<b>TOTAL</b> This Period (last page this line number only).....	30145.06

**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 31 OF 32	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mitchell Davis</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address PO Box 14		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.5843</b>
City St Peter	State MN	
Zip Code 56082	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Robert Kierlin</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address PO Box 978		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.5846</b>
City Winona	State MN	
Zip Code 55987	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Paul Rosenau</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 36850 Lake Knoll Dr		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.5847</b>
City Waseca	State MN	
Zip Code 56093	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5500.00
<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 32 OF 32			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**PARRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Susan Rosenau</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012		
Mailing Address 36850 Lake Knoll Dr			Amount of Each Disbursement this Period 2500.00		
City Waseca	State MN	Zip Code 56093	Transaction ID : SB20A.5845		
Purpose of Disbursement Refund of Contribution		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	8000.00