

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
Westrom for Congress

ADDRESS (number and street) PO Box 210
Check if different than previously reported. (ACC) Elbow Lake MN 56531

2. **FEC IDENTIFICATION NUMBER** C C00554352 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MN 07

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 M M / D D / Y Y Y Y in the State of

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

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 2014

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 Shirley Ann Sivertson

Signature of Treasurer Shirley Ann Sivertson

[Electronically Filed]

Date

M M / D D / Y Y Y Y 04 / 15 / 2014

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
Westrom 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))....	120112.06	204458.69
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	120112.06	204458.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	49872.85	52541.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	500	500
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	49372.85	52041.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	170728.95	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	675	

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

Westrom for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	62019.34	136368.34
(ii) Unitemized.....	23851.07	30788.07
(iii) TOTAL of contributions from individuals ▶	85870.41	167156.41
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....	34200	36200
(d) The Candidate.....	41.65	1102.28
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	120112.06	204458.69
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	16312.14	16312.14
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....		
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	500	500
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	136924.2	221270.83

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	49872.85	52541.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	49872.85	52541.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	83677.6
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	136924.2
25. SUBTOTAL (add Line 23 and Line 24).....	220601.8
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	49872.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	170728.95

**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 81
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) Dennis Edward Aksamit		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 19 / 2014
Mailing Address 122 Main Ave E		Transaction ID : SA11Ai-CN466
City Rothsay	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250	

Full Name (Last, First, Middle Initial) Warren C Anderson		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2014
Mailing Address 46675 State Hwy 28		Transaction ID : SA11Ai-CN541
City Morris	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600
Name of Employer self	Occupation farmer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600	

Full Name (Last, First, Middle Initial) George N Borgerding		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 01 / 2014
Mailing Address 1060 Washburn Ave		Transaction ID : SA11Ai-CN172
City Belgrade	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000
Name of Employer NAS Bank	Occupation Banker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000	

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 81
	<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)
Westrom for Congress

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

Mailing Address 2129 12th Ave E

City Hibbing State MN Zip Code 55746

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **210**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11Ai-CN388

Amount of Each Receipt this Period
210

B. Full Name (Last, First, Middle Initial)
Joel Carlson

Mailing Address 26275 Woodlands Pkwy

City Zimmerman State MN Zip Code 55398

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

Name of Employer Occupation
Self Lobbyist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 03 / 2014

Transaction ID : SA11Ai-CN365

Amount of Each Receipt this Period
200

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

Mailing Address 25445-300th Ave

City Wendell State MN Zip Code 56590

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

Name of Employer Occupation
Carlson Ag Aviation Pilot

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11Ai-CN189

Amount of Each Receipt this Period
250

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

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

660.00

**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 81
	<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)
Westrom for Congress

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

Mailing Address 7677 62nd Street N

City Pine Springs State MN Zip Code 55115

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

Name of Employer Messerli & Kramer Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **900**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 03 / 2014

Transaction ID : SA11Ai-CN366

Amount of Each Receipt this Period
400

B. Full Name (Last, First, Middle Initial)
Joan Cummins

Mailing Address 18850 Northome Blvd.

City Deephaven State MN Zip Code 55391-2610

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11Ai-CN165

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Donald Conrad Diekmann

Mailing Address 82082 250th St

City Beardsley State MN Zip Code 56211

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

Name of Employer self Occupation farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11Ai-CN610

Amount of Each Receipt this Period
100

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

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

3100.00

**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 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Larry Dorn

Mailing Address 205 West Vasa Ave

City State Zip Code
Fergus Falls MN 56537

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

Name of Employer Occupation
Dorn & Co Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11Ai-CN476

Amount of Each Receipt this Period
1000

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

Mailing Address 1785 Emerson Ave S

City State Zip Code
Minneapolis MN 55403

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

Name of Employer Occupation
Haskell's Liquor Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11Ai-CN547

Amount of Each Receipt this Period
5200

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

Mailing Address 1785 Emerson Ave S

City State Zip Code
Minneapolis MN 55403

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

Name of Employer Occupation
Haskell's Liquor Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11Ai-CN1734

Amount of Each Receipt this Period
-2600

Redesignated to General 2014

[MEMO ITEM]
Redesignated

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

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

6200.00

**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 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
John Farrell Jr

Mailing Address 1785 Emerson Ave S

City State Zip Code
Minneapolis MN 55403

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

Name of Employer Occupation
Haskell's Liquor Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11Ai-CN1735

Amount of Each Receipt this Period
2600

Redesignated from Primary 2014

[MEMO ITEM]
Redesignation

B. Full Name (Last, First, Middle Initial)
Bradley Alan Fehr

Mailing Address 26072 470th Ave

City State Zip Code
Morris MN 56267

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

Name of Employer Occupation
Riverview LLP Agronomy

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1457.46

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11Ai-CN1817

Amount of Each Receipt this Period
457.46

In-Kind Received Minnesota Congressional Victory Fund Expense

C. Full Name (Last, First, Middle Initial)
Diane Faye Fehr

Mailing Address 19 Riverview Dr

City State Zip Code
Morris MN 56267

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2576.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11Ai-CN1813

Amount of Each Receipt this Period
76.24

In-Kind Received Minnesota Congressional Victory Fund Expense

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

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

533.70

**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 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Gary Lloyd Fehr

Mailing Address 26271 470th Ave

City Morris State MN Zip Code 56267

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

Name of Employer Riverview LLP Occupation Agronomy

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2752.49

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11Ai-CN1812

Amount of Each Receipt this Period
152.49

In-Kind Received Minnesota Congressional Victory Fund Expense

B. Full Name (Last, First, Middle Initial)
Christopher Dean Fieldsend

Mailing Address 23915 Pine Ave

City Osage State MN Zip Code 56570

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Ai-CN1784

Amount of Each Receipt this Period
250

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

Mailing Address 510 7th Ave E

City Sisseton State SD Zip Code 57262

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11Ai-CN613

Amount of Each Receipt this Period
250

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

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

652.49

**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 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Lizbeth C Gorham

Mailing Address 2368 Ironwood Dr NE

City: Alexandria State: MN Zip Code: 56308

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

Name of Employer: Westrom For Congress Occupation: Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **300**

Date of Receipt: 03 / 29 / 2014

Transaction ID : SA11Ai-CN1765

Amount of Each Receipt this Period: **100**

B. Full Name (Last, First, Middle Initial)
Lizbeth C Gorham

Mailing Address 2368 Ironwood Dr NE

City: Alexandria State: MN Zip Code: 56308

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

Name of Employer: Westrom For Congress Occupation: Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **330**

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11Ai-CN1766

Amount of Each Receipt this Period: **30**

C. Full Name (Last, First, Middle Initial)
Larry Dean Greiner

Mailing Address 259 Atlantic Ave

City: Hancock State: MN Zip Code: 56244

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **500**

Date of Receipt: 03 / 05 / 2014

Transaction ID : SA11Ai-CN210

Amount of Each Receipt this Period: **500**

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

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

630.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Kathleen Olson Harjes

Mailing Address 20248 365th Ave

City Green Isle State MN Zip Code 55338

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11Ai-CN284

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Michael R Hayden

Mailing Address 6704 Parkwood Lane

City Edina State MN Zip Code 55436

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 08 / 2014

Transaction ID : SA11Ai-CN275

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Randy Jay Iwerks

Mailing Address 16596 Seclusion Point Rd

City Audubon State MN Zip Code 56511

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

Name of Employer Occupation
Self Employed Carpenter

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Ai-CN675

Amount of Each Receipt this Period
1000

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 81
	<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)
Westrom for Congress

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

Mailing Address 810 3rd St SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 01 / 2014

Transaction ID : SA11Ai-CN173

Amount of Each Receipt this Period
250

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

Mailing Address PO Box 26

City Nerstrand State MN Zip Code 55053

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **748.5**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11Ai-CN285

Amount of Each Receipt this Period
249.5

C. Full Name (Last, First, Middle Initial)
Mary Straughton Jones

Mailing Address PO Box 26

City Nerstrand State MN Zip Code 55053

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **249.5**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11Ai-CN286

Amount of Each Receipt this Period
249.5

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

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

749.00

**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 14 OF 81
	<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)
Westrom for Congress

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

Mailing Address 17621 Glasgow Way

City Lakeville State MN Zip Code 55044

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

Name of Employer MN Grocer's Association Occupation Lobbyist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2014

Transaction ID : SA11Ai-CN372

Amount of Each Receipt this Period
 250

B. Full Name (Last, First, Middle Initial)
Ronald George Kirscht

Mailing Address 7750 County Rd 6 NW

City Garfield State MN Zip Code 56332

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

Name of Employer Donnelly Custom Manufacturing Occupation Manufacturer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11Ai-CN549

Amount of Each Receipt this Period
 1300

C. Full Name (Last, First, Middle Initial)
Keith Ernest Koehl

Mailing Address 48491 290th St

City Morris State MN Zip Code 56267

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **650**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Ai-CN669

Amount of Each Receipt this Period
 650

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

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

2200.00

**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 15 OF 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Lucas Roy Koehl

Mailing Address 1123 Park Ln

City Morris State MN Zip Code 56267

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11Ai-CN458

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Marilyn Jean Koehl

Mailing Address 96 Washington Ave

City Hancock State MN Zip Code 56244

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11Ai-CN478

Amount of Each Receipt this Period
600

C. Full Name (Last, First, Middle Initial)
Dr. Gary Kompothecras

Mailing Address 6910 Point of Rocks Road

City Sarasota State FL Zip Code 34242

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

Name of Employer Occupation
 Self Chiropractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11Ai-CN186

Amount of Each Receipt this Period
2600

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

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

3700.00

**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 16 OF 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Craig Peter Loge

Mailing Address 13743 County Rd 9

City Donnelly State MN Zip Code 56235

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : SA11Ai-CN543

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Alvin Mcquinn

Mailing Address 1551 Gulf Shore Blvd South

City Naples State FL Zip Code 34102

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

Name of Employer Self Employed Occupation Investment Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Ai-CN726

Amount of Each Receipt this Period
5200

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

Mailing Address 1551 Gulf Shore Blvd South

City Naples State FL Zip Code 34102

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

Name of Employer Self Employed Occupation Investment Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Ai-CN1777

Amount of Each Receipt this Period
-2600
 Redesignated to General 2014

[MEMO ITEM]
 Redesignated

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

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

5700.00

**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 17 OF 81
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Alvin Mcquinn		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 1551 Gulf Shore Blvd South		Transaction ID : SA11Ai-CN1778
City Naples	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600
Name of Employer Self Employed	Occupation Investment Manager	Redesignated from Primary 2014
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200	[MEMO ITEM] Redesignation

Full Name (Last, First, Middle Initial) B. Charles George Meixel		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 01 / 2014
Mailing Address 21679 320th Ave		Transaction ID : SA11Ai-CN171
City Starbuck	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250
Name of Employer Self-Employed	Occupation Farmer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250	

Full Name (Last, First, Middle Initial) C. Charles James Meixel		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 01 / 2014
Mailing Address 21679 320th Ave		Transaction ID : SA11Ai-CN174
City Starbuck	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750
Name of Employer Self-Employed	Occupation Farmer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Daniel P Meyer

Mailing Address 2506 Duxbury Place

City State Zip Code
Alexandria VA 22308

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Ai-CN1776

Amount of Each Receipt this Period
1000

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

Mailing Address 1504 Steger Rd

City State Zip Code
Alexandria MN 56308

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

Name of Employer Occupation
Energetic LLC/Denco II General Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11Ai-CN551

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Stewart C Mills III

Mailing Address 22849 Old Government Trail

City State Zip Code
Nisswa MN 56468

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

Name of Employer Occupation
Mills Fleet Farm Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **792.91**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11Ai-CN1818

Amount of Each Receipt this Period
792.91

In-Kind Received Minnesota Congressional Victory Fund Expense

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

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

2292.91

**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 19 OF 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Dean Charles Monson

Mailing Address 609 2nd St W

City Chokio State MN Zip Code 56221

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

Name of Employer Self Occupation Trucking

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 13 / 2014

Transaction ID : SA11Ai-CN248

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Ellis Naegele

Mailing Address 7993 Via Vecchia

City Naples State FL Zip Code 34108

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11Ai-CN188

Amount of Each Receipt this Period
500

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

Mailing Address 7993 Via Vecchia

City Naples State FL Zip Code 34108

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

Name of Employer Self-Employed Occupation Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11Ai-CN187

Amount of Each Receipt this Period
500

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 20 OF 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Brent Anthony Nelson

Mailing Address 19437 County Hwy 25

City State Zip Code
Fergus Falls MN 56537

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

Name of Employer Occupation
Nelson Ford Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11Ai-CN421

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Kenneth Nelson

Mailing Address PO Box 230

City State Zip Code
Perham MN 56573

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

Name of Employer Occupation
Barrell O'Fun Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11Ai-CN534

Amount of Each Receipt this Period
5000

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

Mailing Address PO Box 230

City State Zip Code
Perham MN 56573

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

Name of Employer Occupation
Barrell O'Fun Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11Ai-CN1730

Amount of Each Receipt this Period
-2400

Redesignated to General 2014

[MEMO ITEM]
Redesignated

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

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

5500.00

**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 21 OF 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Kenneth Nelson

Mailing Address **PO Box 230**

City **Perham** State **MN** Zip Code **56573**

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

Name of Employer **Barrell O'Fun** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11Ai-CN1731

Amount of Each Receipt this Period
2400

Redesignated from Primary 2014

[MEMO ITEM]
Redesignation

B. Full Name (Last, First, Middle Initial)
Jerry Papenfuss

Mailing Address **Po Box 767**

City **Winona** State **MN** Zip Code **55987**

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

Name of Employer **Lakes Radio** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11Ai-CN479

Amount of Each Receipt this Period
1000

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

Mailing Address **804 Brendan Ct**

City **Alexandria** State **MN** Zip Code **56308**

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

Name of Employer **KXRA** Occupation **Owner/Manager/Broadcaster**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 07 / 2014

Transaction ID : SA11Ai-CN250

Amount of Each Receipt this Period
250

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

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

1250.00

**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 22 OF 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Dean Edwin Peterson

Mailing Address 19690 Halwood Rd

City State Zip Code
Glenwood MN 56334

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11Ai-CN183

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
David Allen Pratt

Mailing Address 1366 Shore Dr E

City State Zip Code
Detroit Lakes MN 56501

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

Name of Employer Occupation
Arvig Telecom

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11Ai-CN535

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Michael H Reese

Mailing Address 26566 375th Ave

City State Zip Code
Hancock MN 56244

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

Name of Employer Occupation
West Central Research Outreach Center

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11Ai-CN486

Amount of Each Receipt this Period
500

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

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

2500.00

**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 23 OF 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Theodore Daniel Reichmann

Mailing Address 15290 127th St

City Villard State MN Zip Code 56385

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11Ai-CN377

Amount of Each Receipt this Period
1500

B. Full Name (Last, First, Middle Initial)
Mary E Reuter

Mailing Address 42136 County Rd 188

City Sauk Centre State MN Zip Code 56378

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 01 / 2014

Transaction ID : SA11Ai-CN178

Amount of Each Receipt this Period
250

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

Mailing Address 46447 Wintermute Ln

City Morris State MN Zip Code 56267

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

Name of Employer Riley Bros Construction Occupation Construction

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : SA11Ai-CN540

Amount of Each Receipt this Period
500

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

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

2250.00

**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 24 OF 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Joseph Edward Riley

Mailing Address 46502 208th St

City Morris State MN Zip Code 56267

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

Name of Employer Riley Bros Construction Occupation Construction

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1100**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11Ai-CN645

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Thomas J Schabel

Mailing Address 1393 W Latoka Dr SW

City Alexandria State MN Zip Code 56308

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

Name of Employer AI Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 04 / 2014

Transaction ID : SA11Ai-CN167

Amount of Each Receipt this Period
250

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

Mailing Address 1393 W Latoka Dr SW

City Alexandria State MN Zip Code 56308

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

Name of Employer AI Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Ai-CN1806

Amount of Each Receipt this Period
1000

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

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

2250.00

**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 25 OF 81
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Roger Schmidt		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address Po Box 7		Transaction ID : SA11Ai-CN597	
City Dumont	State MN	Zip Code 56236	Amount of Each Receipt this Period _____ 1000
FEC ID number of contributing federal political committee.		C	
Name of Employer Self Employed	Occupation Farmer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000		

Full Name (Last, First, Middle Initial) B. Kirk A Schnitker		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 11515 Basswood Lane		Transaction ID : SA11Ai-CN525	
City Champlin	State MN	Zip Code 55316	Amount of Each Receipt this Period _____ 300
FEC ID number of contributing federal political committee.		C	
Name of Employer Self Employed	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300		

Full Name (Last, First, Middle Initial) C. Douglas Seaton		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 7300 Metro Blvd Suite 500		Transaction ID : SA11Ai-CN727	
City Minneapolis	State MN	Zip Code 55439	Amount of Each Receipt this Period _____ 1000
FEC ID number of contributing federal political committee.		C	
Name of Employer Seaton Beck & Peters	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000		

SUBTOTAL of Receipts This Page (optional).....	_____ 2300.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Dean Simpson

Mailing Address PO Box 10

City State Zip Code
New York Mills MN 56567

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

Name of Employer Occupation
Dean's Country Market Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
M M / D D / Y Y Y Y
01 / 14 / 2014

Transaction ID : SA11Ai-CN256

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Glenn Erling Sivertson

Mailing Address 401 10th Ave SE

City State Zip Code
Elbow Lake MN 56531

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

Name of Employer Occupation
Cosmos Enterprises Machinist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11Ai-CN1755

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Glenn Erling Sivertson

Mailing Address 401 10th Ave SE

City State Zip Code
Elbow Lake MN 56531

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

Name of Employer Occupation
Cosmos Enterprises Machinist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11Ai-CN1756

Amount of Each Receipt this Period
100

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

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

700.00

**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 27 OF 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Glenn Erling Sivertson

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer Cosmos Enterprises Occupation Machinist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : SA11Ai-CN1757

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Glenn Erling Sivertson

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer Cosmos Enterprises Occupation Machinist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11Ai-CN1758

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Glenn Erling Sivertson

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer Cosmos Enterprises Occupation Machinist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11Ai-CN1759

Amount of Each Receipt this Period
100

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 28 OF 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Glenn Erling Sivertson

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer Cosmos Enterprises Occupation Machinist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11Ai-CN1761

Amount of Each Receipt this Period
 100

B. Full Name (Last, First, Middle Initial)
Glenn Erling Sivertson

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer Cosmos Enterprises Occupation Machinist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **900**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11Ai-CN1760

Amount of Each Receipt this Period
 100

C. Full Name (Last, First, Middle Initial)
Glenn Erling Sivertson

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer Cosmos Enterprises Occupation Machinist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Ai-CN1762

Amount of Each Receipt this Period
 100

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 29 OF 81
	<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)
Westrom for Congress

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

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer West Central Area Schools Occupation Cook

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **240**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 22 / 2014

Transaction ID : SA11Ai-CN1752

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Shirley Ann Sivertson

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer West Central Area Schools Occupation Cook

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **340**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 23 / 2014

Transaction ID : SA11Ai-CN1751

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Shirley Ann Sivertson

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer West Central Area Schools Occupation Cook

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **440**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11Ai-CN1750

Amount of Each Receipt this Period
100

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 30 OF 81
	<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)
Westrom for Congress

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

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer West Central Area Schools Occupation Cook

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **540**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11Ai-CN1741

Amount of Each Receipt this Period
 100

B. Full Name (Last, First, Middle Initial)
Shirley Ann Sivertson

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer West Central Area Schools Occupation Cook

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **640**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11Ai-CN1742

Amount of Each Receipt this Period
 100

C. Full Name (Last, First, Middle Initial)
Shirley Ann Sivertson

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer West Central Area Schools Occupation Cook

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **740**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11Ai-CN1745

Amount of Each Receipt this Period
 100

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 31 OF 81
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Shirley Ann Sivertson		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 401 10th Ave SE		Transaction ID : SA11Ai-CN1726	
City Elbow Lake	State MN	Zip Code 56531	Amount of Each Receipt this Period _____ 200
FEC ID number of contributing federal political committee. C _____		In-Kind Received Candy for Convention	
Name of Employer West Central Area Schools	Occupation Cook		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 940		

Full Name (Last, First, Middle Initial) B. Shirley Ann Sivertson		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 401 10th Ave SE		Transaction ID : SA11Ai-CN1746	
City Elbow Lake	State MN	Zip Code 56531	Amount of Each Receipt this Period _____ 100
FEC ID number of contributing federal political committee. C _____		In-Kind Received Candy for Convention	
Name of Employer West Central Area Schools	Occupation Cook		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1040		

Full Name (Last, First, Middle Initial) C. Shirley Ann Sivertson		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014	
Mailing Address 401 10th Ave SE		Transaction ID : SA11Ai-CN1747	
City Elbow Lake	State MN	Zip Code 56531	Amount of Each Receipt this Period _____ 100
FEC ID number of contributing federal political committee. C _____		In-Kind Received Candy for Convention	
Name of Employer West Central Area Schools	Occupation Cook		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1140		

SUBTOTAL of Receipts This Page (optional).....	_____ 400.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 81
	<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)
Westrom for Congress

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

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer West Central Area Schools Occupation Cook

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1365**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11Ai-CN1785

Amount of Each Receipt this Period
225

B. Full Name (Last, First, Middle Initial)
Shirley Ann Sivertson

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer West Central Area Schools Occupation Cook

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1465**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2014

Transaction ID : SA11Ai-CN1748

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Shirley Ann Sivertson

Mailing Address 401 10th Ave SE

City Elbow Lake State MN Zip Code 56531

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

Name of Employer West Central Area Schools Occupation Cook

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1565**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Ai-CN1749

Amount of Each Receipt this Period
100

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

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

425.00

**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 33 OF 81
	<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)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Robert Ulrich

Mailing Address 5400 Londonderry Rd

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		08		2014

Transaction ID : SA11Ai-CN258

Amount of Each Receipt this Period
5200

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

Mailing Address 5400 Londonderry Rd

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		08		2014

Transaction ID : SA11Ai-CN530

Amount of Each Receipt this Period
-2600

Redesignated to General 2014

[MEMO ITEM]
Redesignated

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

Mailing Address 5400 Londonderry Rd

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		08		2014

Transaction ID : SA11Ai-CN531

Amount of Each Receipt this Period
2600

Redesignated from Primary 2014

[MEMO ITEM]
Redesignation

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

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

5200.00

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

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

FOR LINE NUMBER: PAGE 34 OF 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
John V Weber

Mailing Address 7701 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11Ai-CN1767

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Dennis Albert Wulf

Mailing Address 14 Skyview Ln

City State Zip Code
Morris MN 56267

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

Name of Employer Occupation
self farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1076.24

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11Ai-CN1816

Amount of Each Receipt this Period
76.24

In-Kind Received Minnesota Congressional Victory Fund Expense

C. Full Name (Last, First, Middle Initial)
Douglas William Wulf

Mailing Address 47444 210th St

City State Zip Code
Morris MN 56267

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

Name of Employer Occupation
Self Employed Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11Ai-CN600

Amount of Each Receipt this Period
1000

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

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

2076.24

62019.34

**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 35 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Westrom for Congress

A. Congressional House Republicans In Service PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30844

City: Bethesda State: MD Zip Code: 20824

FEC ID number of contributing federal political committee: **C C00554535**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000

Date of Receipt: 03 / 26 / 2014

Transaction ID : SA11C-CN1732

Amount of Each Receipt this Period: 1000

B. Continuing A Majority Party Action Committee

Full Name (Last, First, Middle Initial)
Mailing Address 5915 Eastman Ave Suite 100

City: Midland State: MI Zip Code: 48640-6824

FEC ID number of contributing federal political committee: **C C00350462**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11C-CN1737

Amount of Each Receipt this Period: 5000

C. Every Republican Is Crucial PAC

Full Name (Last, First, Middle Initial)
Mailing Address 25 E Main Street Suite 200

City: Richmond State: VA Zip Code: 23219-2109

FEC ID number of contributing federal political committee: **C C00384701**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000

Date of Receipt: 03 / 26 / 2014

Transaction ID : SA11C-CN1733

Amount of Each Receipt this Period: 5000

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

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

11000.00

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

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

FOR LINE NUMBER: PAGE 36 OF 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
GOP Generation Y Fund

Mailing Address PO Box 9055

City State Zip Code
Peoria IL 61612

FEC ID number of contributing federal political committee. **C** C00448191

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C-CN1740

Amount of Each Receipt this Period
 5000

B. Full Name (Last, First, Middle Initial)
Jobs Economy And Budget Fund

Mailing Address PO Box 30844

City State Zip Code
Bethesda MD 20824

FEC ID number of contributing federal political committee. **C** C00420695

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C-CN1736

Amount of Each Receipt this Period
 5000

C. Full Name (Last, First, Middle Initial)
Lummis For Congress

Mailing Address PO Box 52188

City State Zip Code
Casper WY 82609

FEC ID number of contributing federal political committee. **C** C00443580

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C-CN1782

Amount of Each Receipt this Period
 200

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

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

10200.00

**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 37 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Westrom for Congress

A. National Stone Sand & Gravel Association RockPAC

Full Name (Last, First, Middle Initial)
Mailing Address 1605 King Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C-CN1738

Amount of Each Receipt this Period
2000

B. Prosperity Action Inc

Full Name (Last, First, Middle Initial)
Mailing Address 1006 Pendleton St

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00377689**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C-CN1781

Amount of Each Receipt this Period
5000

C. Republican Operation To Secure And Keep A Majority

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1011

City Wheaton State IL Zip Code 60187

FEC ID number of contributing federal political committee. **C C00451294**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C-CN1739

Amount of Each Receipt this Period
5000

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

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

12000.00

**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 38 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Support To Ensure Vicotry Everywhere PAC

Mailing Address 228 S Washinton St
Ste 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00501478

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11C-CN1780

Amount of Each Receipt this Period
 1000

B. 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 M / D 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).....

1000.00

34200.00

**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 40 OF 81
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Minnesota Congressional Vicotry Fund

Mailing Address PO Box 210

City Elbow Lake State MN Zip Code 56531

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2582.4

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12-TI2

Amount of Each Receipt this Period
2582.4

Transfer In Affiliated

B. Full Name (Last, First, Middle Initial)
Ronald J Lindner

Mailing Address 11503 Lower Gull Lake Ln

City East Gull Lake State MN Zip Code 56401

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

Name of Employer Occupation
Lindner Media Prouctions Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA12-TI2-1

Amount of Each Receipt this Period
234.92

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

C. Full Name (Last, First, Middle Initial)
Sandra R Mills

Mailing Address 1500 Rue Reynard

City Menasha State WI Zip Code 54952

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

Name of Employer Occupation
Students Forward CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA12-TI2-2

Amount of Each Receipt this Period
2347.48

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

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

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

2582.40

**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 41 OF 81
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Minnesota Congressional Vicotry Fund

Mailing Address PO Box 210

City Elbow Lake State MN Zip Code 56531

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
16312.14

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA12-TI3

Amount of Each Receipt this Period
13729.74

Transfer In Affiliated

B. Full Name (Last, First, Middle Initial)
Glen L Cook

Mailing Address 8041 County Rd 78

City Lake Shore State MN Zip Code 56468

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

Name of Employer Occupation
Self Employed Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA12-TI3-1

Amount of Each Receipt this Period
423.76

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

C. Full Name (Last, First, Middle Initial)
Bradley Alan Fehr

Mailing Address 26072 470th Ave

City Morris State MN Zip Code 56267

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

Name of Employer Occupation
Riverview LLP Agronomy

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA12-TI3-2

Amount of Each Receipt this Period
1142.54

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

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

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

13729.74

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

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

FOR LINE NUMBER: PAGE 42 OF 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Bradley Alan Fehr

Mailing Address 26072 470th Ave

City State Zip Code
Morris MN 56267

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

Name of Employer Occupation
Riverview LLP Agronomy

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA12-TI3-3

Amount of Each Receipt this Period
1400

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

B. Full Name (Last, First, Middle Initial)
Diane Faye Fehr

Mailing Address 19 Riverview Dr

City State Zip Code
Morris MN 56267

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2676.24

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA12-TI3-4

Amount of Each Receipt this Period
100

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

C. Full Name (Last, First, Middle Initial)
Diane Faye Fehr

Mailing Address 19 Riverview Dr

City State Zip Code
Morris MN 56267

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA12-TI3-5

Amount of Each Receipt this Period
323.76

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

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

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

0.00

**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 43 OF 81
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Gary Lloyd Fehr

Mailing Address 26271 470th Ave

City Morris State MN Zip Code 56267

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

Name of Employer Riverview LLP Occupation Agronomy

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3600**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA12-TI3-6

Amount of Each Receipt this Period
847.51

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

B. Full Name (Last, First, Middle Initial)
Mitchell Gary Fehr

Mailing Address 25523 470th Ave

City Morris State MN Zip Code 56267

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA12-TI3-7

Amount of Each Receipt this Period
423.76

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

C. Full Name (Last, First, Middle Initial)
Katherine D Fieldler

Mailing Address 1896 397th Ave NE

City Stanchfield State MN Zip Code 55080

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA12-TI3-8

Amount of Each Receipt this Period
847.51

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

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

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

0.00

**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 44 OF 81
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Westrom for Congress

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

Mailing Address **Box 23**

City **Crystal Bay** State **MN** Zip Code **55323**

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

Name of Employer **Kroll & Associates** Occupation **Executive**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA12-TI3-9

Amount of Each Receipt this Period
847.51

Transfer In Affiliated

[MEMO ITEM]
 Minnesota Congressional Vicotry Fund

B. Full Name (Last, First, Middle Initial)
Daniel X Lindner

Mailing Address **2121 125th St SW**

City **Pillager** State **MN** Zip Code **56473**

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

Name of Employer **Lindner Media Productions** Occupation **Executive Producer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA12-TI3-10

Amount of Each Receipt this Period
211.88

Transfer In Affiliated

[MEMO ITEM]
 Minnesota Congressional Vicotry Fund

C. Full Name (Last, First, Middle Initial)
James A Lindner

Mailing Address **9106 Hunters Ln**

City **Pequat Lakes** State **MN** Zip Code **56472**

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

Name of Employer **Lindner Media Productions** Occupation **Executive**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA12-TI3-11

Amount of Each Receipt this Period
211.88

Transfer In Affiliated

[MEMO ITEM]
 Minnesota Congressional Vicotry Fund

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

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

0.00

**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 45 OF 81
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Stewart C Mills III

Mailing Address 22849 Old Government Trail

City Nisswa State MN Zip Code 56468

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

Name of Employer Mills Fleet Farm Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA12-TI3-12

Amount of Each Receipt this Period
1807.09

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

B. Full Name (Last, First, Middle Initial)
Stewart C Mills III

Mailing Address 22849 Old Government Trail

City Nisswa State MN Zip Code 56468

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

Name of Employer Mills Fleet Farm Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA12-TI3-13

Amount of Each Receipt this Period
2600

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

C. Full Name (Last, First, Middle Initial)
Chad J Nelson

Mailing Address 7600 Fallen Leaf Cir

City Breezy Point State MN Zip Code 56472

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

Name of Employer Self Employed Occupation Insurance Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA12-TI3-14

Amount of Each Receipt this Period
1059.39

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

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

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

0.00

**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 46 OF 81
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Thomas Siering

Mailing Address 4251 Gulf Shore Blvd #158

City: Naples State: FL Zip Code: 34103

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

Name of Employer: Two Harbors Investment Corp Occupation: CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **1250**

Date of Receipt: **03 / 19 / 2014**

Transaction ID : SA12-TI3-15

Amount of Each Receipt this Period: **1059.39**

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

B. Full Name (Last, First, Middle Initial)
Dennis Albert Wulf

Mailing Address 14 Skyview Ln

City: Morris State: MN Zip Code: 56267

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

Name of Employer: self Occupation: farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **1500**

Date of Receipt: **03 / 19 / 2014**

Transaction ID : SA12-TI3-16

Amount of Each Receipt this Period: **423.76**

Transfer In Affiliated

[MEMO ITEM]
Minnesota Congressional Vicotry Fund

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

Amount of Each Receipt this Period

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

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

0.00

16312.14

**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 47 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Westrom for Congress

A. Full Name (Last, First, Middle Initial)
Arena Online

Mailing Address 1780 West Sequoia Vista Circle

City State Zip Code
Salt Lake City UT 84104

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA14-ER2

Amount of Each Receipt this Period
500

Expenditure Refund

B. 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

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).....

500.00

500.00

**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 48 OF 81	
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Trail Blazer Campaign Services Inc.			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 620 Mendelssohn Avenue N Suite 186			Amount of Each Disbursement this Period 1051.56
City Minneapolis	State MN	Zip Code 55427	Transaction ID : SB17-EX38
Purpose of Disbursement Annual License - Down Payment		Category/Type 001	
Candidate Name			Annual License - Down Payment
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: District:			

Full Name (Last, First, Middle Initial) B. Trail Blazer Campaign Services Inc.			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 620 Mendelssohn Avenue N Suite 186			Amount of Each Disbursement this Period 1752.95
City Minneapolis	State MN	Zip Code 55427	Transaction ID : SB17-EX22
Purpose of Disbursement Software 2nd Payment		Category/Type 001	
Candidate Name			Software 2nd Payment
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: District:			

Full Name (Last, First, Middle Initial) c. Trail Blazer Campaign Services Inc.			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 620 Mendelssohn Avenue N Suite 186			Amount of Each Disbursement this Period 1752.95
City Minneapolis	State MN	Zip Code 55427	Transaction ID : SB17-EX47
Purpose of Disbursement Annual Payment - 2nd Installment		Category/Type 001	
Candidate Name			Annual Payment - 2nd Installment
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	4557.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 81	
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 58.30	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX15	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 15.70	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX4	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 5.83	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX5	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	79.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 3.20
City San Francisco State CA Zip Code 94110	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type 001	Transaction ID : SB17-EX6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Credit Card Processing Fee	

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 3.20
City San Francisco State CA Zip Code 94110	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type 001	Transaction ID : SB17-EX7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Credit Card Processing Fee	

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 1.75
City San Francisco State CA Zip Code 94110	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type 001	Transaction ID : SB17-EX8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Credit Card Processing Fee	

SUBTOTAL of Disbursements This Page (optional).....	8.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 81			
	<input checked="" type="checkbox"/> 17 <input 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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 0.45
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX12
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	
Candidate Name			Credit Card Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 0.52
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX13
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	
Candidate Name			Credit Card Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX16
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	
Candidate Name			Credit Card Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	2.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 0.00
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX39
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: District:			

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX40
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: District:			

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 0.45
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX41
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	3.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : SB17-EX42
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Credit Card Processing Fee
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 75.70
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : SB17-EX43
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Credit Card Processing Fee
State: District:		

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : SB17-EX44
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Credit Card Processing Fee
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	79.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 81			
	<input checked="" type="checkbox"/> 17 <input 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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX45
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX46
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 29.30
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX59
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)	31.36
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 81			
	<input checked="" type="checkbox"/> 17 <input 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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX60
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	
Candidate Name			Credit Card Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX61
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	
Candidate Name			Credit Card Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX62
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	
Candidate Name			Credit Card Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	6.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.75	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX63	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 0.88	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX85	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.03	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX86	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 0.88
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX87
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: District:			

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX88
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: District:			

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX89
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	4.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 81	
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.49	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX90	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 0.88	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX91	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.03	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX92	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.32
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX93
Purpose of Disbursement Credit Card Processing Fee		001 Category/ Type	
Candidate Name			Credit Card Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.90
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX94
Purpose of Disbursement Credit Card Processing Fee		001 Category/ Type	
Candidate Name			Credit Card Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.17
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX95
Purpose of Disbursement Credit Card Processing Fee		001 Category/ Type	
Candidate Name			Credit Card Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	4.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 0.59
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX96
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 3.49
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX97
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.17
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX98
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	5.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 0.88
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX99
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX100
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 0.59
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX101
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	2.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.75	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX102	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 9.00	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX103	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 0.88	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX104	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	11.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 81			
	<input checked="" type="checkbox"/> 17 <input 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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.03	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX105	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 0.59	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX106	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.75	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX107	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Credit Card Processing Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 81			
	<input checked="" type="checkbox"/> 17 <input 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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : SB17-EX113
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Credit Card Processing Fee
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 29.30
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : SB17-EX122
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Credit Card Processing Fee
State: District:		

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : SB17-EX123
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Credit Card Processing Fee
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	32.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 81			
	<input checked="" type="checkbox"/> 17 <input 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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX124
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX125
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Transaction ID : SB17-EX126
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Credit Card Processing Fee
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	5.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 0.59
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fee		Credit Card Processing Fee
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fee		Credit Card Processing Fee
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 0.59
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fee		Credit Card Processing Fee
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	2.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX129
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	
Candidate Name			Credit Card Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

Full Name (Last, First, Middle Initial) B. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX130
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	
Candidate Name			Credit Card Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

Full Name (Last, First, Middle Initial) C. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 29.30
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX131
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	
Candidate Name			Credit Card Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	33.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Stripe - Credit Card Processing			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 29.30
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17-EX138
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	
Candidate Name			Credit Card Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

Full Name (Last, First, Middle Initial) B. US Post Office			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 16 1st Ave SE			Amount of Each Disbursement this Period 500.00
City Elbow Lake	State MN	Zip Code 56531	Transaction ID : SB17-EX34
Purpose of Disbursement Business Reply Mail		Category/ Type 001	
Candidate Name			Business Reply Mail
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

Full Name (Last, First, Middle Initial) c. US Post Office			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 16 1st Ave SE			Amount of Each Disbursement this Period 685.00
City Elbow Lake	State MN	Zip Code 56531	Transaction ID : SB17-EX35
Purpose of Disbursement Maintenance Fee for Business Reply Mail		Category/ Type 001	
Candidate Name			Maintenance Fee for Business Reply Mail
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	1214.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. US Post Office			Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 16 1st Ave SE			Amount of Each Disbursement this Period 220.00 Transaction ID : SB17-EX36
City Elbow Lake	State MN	Zip Code 56531	
Purpose of Disbursement Annual Fee for Business Reply Mail		Category/ Type 001	Annual Fee for Business Reply Mail
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. US Post Office			Date of Disbursement MM / DD / YYYY 03 / 12 / 2014
Mailing Address 16 1st Ave SE			Amount of Each Disbursement this Period 3.57 Transaction ID : SB17-EX37
City Elbow Lake	State MN	Zip Code 56531	
Purpose of Disbursement Postage		Category/ Type 001	Postage
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. US Post Office			Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 16 1st Ave SE			Amount of Each Disbursement this Period 2.80 Transaction ID : SB17-EX80
City Elbow Lake	State MN	Zip Code 56531	
Purpose of Disbursement Postage		Category/ Type 001	Postage
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	226.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 16 1st Ave SE		Amount of Each Disbursement this Period 1.61
City Elbow Lake	State MN	
Zip Code 56531	Purpose of Disbursement Postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	State: District:	

Full Name (Last, First, Middle Initial) B. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 16 1st Ave SE		Amount of Each Disbursement this Period 44.80
City Elbow Lake	State MN	
Zip Code 56531	Purpose of Disbursement Postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	State: District:	

Full Name (Last, First, Middle Initial) c. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 16 1st Ave SE		Amount of Each Disbursement this Period 3.92
City Elbow Lake	State MN	
Zip Code 56531	Purpose of Disbursement Postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	50.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 81	
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 16 1st Ave SE		Amount of Each Disbursement this Period 19.99
City Elbow Lake	State MN	
Zip Code 56531	Purpose of Disbursement Postage	Transaction ID : SB17-EX121
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Postage
State: District:		

Full Name (Last, First, Middle Initial) B. Arena Online		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 1780 West Sequoia Vista Circle		Amount of Each Disbursement this Period 750.00
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement Invoice #234	Transaction ID : SB17-EX84
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Invoice #234
State: District:		

Full Name (Last, First, Middle Initial) C. Pinnacle Direct		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 15260 113th St N		Amount of Each Disbursement this Period 6914.12
City Stillwater	State MN	
Zip Code 55082	Purpose of Disbursement Postage for Direct Mail	Transaction ID : SB17-EX19
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Postage for Direct Mail
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7684.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Pinnacle Direct			Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 15260 113th St N			Amount of Each Disbursement this Period 4042.25
City Stillwater	State MN	Zip Code 55082	Transaction ID : SB17-EX20
Purpose of Disbursement List Brokerage		Category/ Type 001	
Candidate Name			List Brokerage
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: District:			

Full Name (Last, First, Middle Initial) B. Pinnacle Direct			Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address 15260 113th St N			Amount of Each Disbursement this Period 11440.64
City Stillwater	State MN	Zip Code 55082	Transaction ID : SB17-EX48
Purpose of Disbursement 26091 Direct Mail Inv #15026		Category/ Type 001	
Candidate Name			26091 Direct Mail Inv #15026
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: District:			

Full Name (Last, First, Middle Initial) c. New Strategies Group Consulting			Date of Disbursement MM / DD / YYYY 03 / 11 / 2014
Mailing Address 3923 Byron St			Amount of Each Disbursement this Period 3500.00
City Houston	State TX	Zip Code 77005	Transaction ID : SB17-EX21
Purpose of Disbursement February 2014 General Consultant Fee		Category/ Type 001	
Candidate Name			February 2014 General Consultant Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	18982.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Trisha Hamm		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 2495 Ryan Ave E		Amount of Each Disbursement this Period 3396.78
City North St Paul	State MN	
Zip Code 55109	Purpose of Disbursement Consulting Fee - December / Reimbursement Supplies	Transaction ID : SB17-EX25
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Consulting Fee - December / Reimbursement Supplies
State: District:		

Full Name (Last, First, Middle Initial) B. Trisha Hamm		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 2495 Ryan Ave E		Amount of Each Disbursement this Period 1500.00
City North St Paul	State MN	
Zip Code 55109	Purpose of Disbursement Consulting Fee Jan 1-15 2014	Transaction ID : SB17-EX28
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Consulting Fee Jan 1-15 2014
State: District:		

Full Name (Last, First, Middle Initial) c. Trisha Hamm		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 2495 Ryan Ave E		Amount of Each Disbursement this Period 1500.00
City North St Paul	State MN	
Zip Code 55109	Purpose of Disbursement Consulting 1/16 - 1/31/14	Transaction ID : SB17-EX82
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Consulting 1/16 - 1/31/14
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6396.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Trisha Hamm		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 2495 Ryan Ave E		Amount of Each Disbursement this Period 1500.00
City North St Paul	State MN	
Purpose of Disbursement Consulting 2/1 - 2/15/14	Zip Code 55109	Transaction ID : SB17-EX24
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Consulting 2/1 - 2/15/14
State: District:		

Full Name (Last, First, Middle Initial) B. Trisha Hamm		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 2495 Ryan Ave E		Amount of Each Disbursement this Period 1500.00
City North St Paul	State MN	
Purpose of Disbursement Consulting 2/16 - 2/28/14	Zip Code 55109	Transaction ID : SB17-EX23
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Consulting 2/16 - 2/28/14
State: District:		

Full Name (Last, First, Middle Initial) c. Trisha Hamm		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 2495 Ryan Ave E		Amount of Each Disbursement this Period 1500.00
City North St Paul	State MN	
Purpose of Disbursement Consulting 3/1 - 3/15/14	Zip Code 55109	Transaction ID : SB17-EX83
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Consulting 3/1 - 3/15/14
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 81	
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Kaley Taffe		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 311 Pleasant Ave #505		Amount of Each Disbursement this Period 284.25
City St. Paul	State MN	
Purpose of Disbursement Reimbursed for Expenses Paid 1/8 - 3/7/14		Reimbursed for Expenses Paid 1/8 - 3/7/14
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Office Max		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 4925 Hwy 29 S		Amount of Each Disbursement this Period 102.71
City Alexandria	State MN	
Purpose of Disbursement Office Supplies		Office Supplies
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Sun Country Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 7150 Humphrey Drive		Amount of Each Disbursement this Period 144.00
City Minneapolis	State MN	
Purpose of Disbursement Airplane Ticket		Airplane Ticket
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	530.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 81			
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Sun Country Airlines			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 7150 Humphrey Drive			Amount of Each Disbursement this Period 25.00
City Minneapolis	State MN	Zip Code 55450	Transaction ID : SB17-EX112
Purpose of Disbursement Travel		002 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Travel
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 2611 Jefferson Davis Hwy Ste 201			Amount of Each Disbursement this Period 288.00
City Arlington	State VA	Zip Code 22202	Transaction ID : SB17-EX133
Purpose of Disbursement 2 Airline Tickets		002 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	2 Airline Tickets
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2611 Jefferson Davis Hwy Ste 201			Amount of Each Disbursement this Period 25.00
City Arlington	State VA	Zip Code 22202	Transaction ID : SB17-EX115
Purpose of Disbursement Travel		002 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Travel
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	338.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 81	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Best Western		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2100 23rd St SE		Amount of Each Disbursement this Period 698.50
City Willmar	State MN Zip Code 56201	
Purpose of Disbursement Hotel	Category/Type 002	Transaction ID : SB17-EX119
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Hotel
State: District:		

Full Name (Last, First, Middle Initial) B. Bradley Alan Fehr		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 26072 470th Ave		Amount of Each Disbursement this Period 457.46
City Morris	State MN Zip Code 56267	
Purpose of Disbursement IN-KIND RECEIVED Minnesota Congressional Victory Fund Expense	Category/Type	Transaction ID : SB17-CN1817
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	In-Kind Received Minnesota Congressional Victory Fund Expense
State: District:		

Full Name (Last, First, Middle Initial) c. Diane Faye Fehr		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 19 Riverview Dr		Amount of Each Disbursement this Period 76.24
City Morris	State MN Zip Code 56267	
Purpose of Disbursement IN-KIND RECEIVED Minnesota Congressional Victory Fund Expense	Category/Type	Transaction ID : SB17-CN1813
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	In-Kind Received Minnesota Congressional Victory Fund Expense
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	698.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 81	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Gary Lloyd Fehr		Date of Disbursement MM / DD / YYYY 03 / 19 / 2014
Mailing Address 26271 470th Ave		Amount of Each Disbursement this Period 152.49
City Morris	State MN Zip Code 56267	
Purpose of Disbursement IN-KIND RECEIVED Minnesota Congressional Victory Fund Expense		Transaction ID : SB17-CN1812
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	In-Kind Received Minnesota Congressional Victory Fund Expense
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Stewart C Mills III		Date of Disbursement MM / DD / YYYY 03 / 19 / 2014
Mailing Address 22849 Old Government Trail		Amount of Each Disbursement this Period 792.91
City Nisswa	State MN Zip Code 56468	
Purpose of Disbursement IN-KIND RECEIVED Minnesota Congressional Victory Fund Expense		Transaction ID : SB17-CN1818
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	In-Kind Received Minnesota Congressional Victory Fund Expense
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Shirley Ann Sivertson		Date of Disbursement MM / DD / YYYY 03 / 28 / 2014
Mailing Address 401 10th Ave SE		Amount of Each Disbursement this Period 200.00
City Elbow Lake	State MN Zip Code 56531	
Purpose of Disbursement IN-KIND RECEIVED Candy for Convention		Transaction ID : SB17-CN1726
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	In-Kind Received Candy for Convention
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1145.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 81	
	<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)
Westrom for Congress

Full Name (Last, First, Middle Initial) A. Torrey Norman Westrom		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014
Mailing Address 118 1st Ave NW		Amount of Each Disbursement this Period 41.65 Transaction ID : SB17-CN209
City Elbow Lake State MN Zip Code 56531	Purpose of Disbursement IN-KIND RECEIVED Lunch Meeting - Pizza Ranch	
Candidate Name Torrey Norman Westrom	Category/Type	In-Kind Received Lunch Meeting - Pizza Ranch
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	

Full Name (Last, First, Middle Initial) B. Dennis Albert Wulf		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 14 Skyview Ln		Amount of Each Disbursement this Period 76.24 Transaction ID : SB17-CN1816
City Morris State MN Zip Code 56267	Purpose of Disbursement IN-KIND RECEIVED Minnesota Congressional Victory Fund Expense	
Candidate Name	Category/Type	In-Kind Received Minnesota Congressional Victory Fund Expense
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	

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

SUBTOTAL of Disbursements This Page (optional).....	117.89
TOTAL This Period (last page this line number only).....	46767.28

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Westrom for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stripe - Credit Card Processing

Nature of Debt (Purpose):
Invoice: Credit Card Processing Fee

Mailing Address 3180 18th St

City State Zip Code
San Francisco CA 94110

Outstanding Balance Beginning This Period
145.30

Transaction ID : SD10-INV14

Amount Incurred This Period .00 Payment This Period 145.30 Outstanding Balance at Close of This Period .00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stripe - Credit Card Processing

Nature of Debt (Purpose):
Invoice: Credit Card Processing Fee

Mailing Address 3180 18th St

City State Zip Code
San Francisco CA 94110

Outstanding Balance Beginning This Period
58.30

Transaction ID : SD10-INV15

Amount Incurred This Period .00 Payment This Period 58.30 Outstanding Balance at Close of This Period .00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stripe - Credit Card Processing

Nature of Debt (Purpose):
Invoice: Credit Card Processing Fee

Mailing Address 3180 18th St

City State Zip Code
San Francisco CA 94110

Outstanding Balance Beginning This Period
15.70

Transaction ID : SD10-INV4

Amount Incurred This Period .00 Payment This Period 15.70 Outstanding Balance at Close of This Period .00

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

0.00
0.00
0.00
0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 81 OF 81
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Westrom for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stripe - Credit Card Processing	Nature of Debt (Purpose): Invoice: Credit Card Processing Fee
Mailing Address 3180 18th St	
City State Zip Code San Francisco CA 94110	

Outstanding Balance Beginning This Period 5.83	Transaction ID : SD10-INV5	
Amount Incurred This Period .00	Payment This Period 5.83	Outstanding Balance at Close of This Period .00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Arena Online	Nature of Debt (Purpose): Invoice: Invoice #317
Mailing Address 1780 West Sequoia Vista Circle	
City State Zip Code Salt Lake City UT 84104	

Outstanding Balance Beginning This Period .00	Transaction ID : SD10-INV134	
Amount Incurred This Period 675.00	Payment This Period .00	Outstanding Balance at Close of This Period 675.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	675.00
2) TOTALS This Period (last page this line number only)	675.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	675.00