

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
Corinna for South Dakota

ADDRESS (number and street) PO Box 3432
Check if different than previously reported. (ACC) Rapid City SD 57709

2. FEC IDENTIFICATION NUMBER C C00551127
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT SD 01

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
Termination Report (TER)

(b) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on 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 11 / 25 / 2014 through M M / D D / Y Y Y Y 12 / 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 Sam Khorooosi

Signature of Treasurer Sam Khorooosi [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 31 / 2015

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 table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Corinna for South Dakota

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))....	0.00	24802.43
(b) Total Contribution Refunds (from Line 20(d))	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	22802.43
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1555.12	165202.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	60.62
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1555.12	165141.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	16.37	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	13730.32	

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

Corinna for South Dakota

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).....	0.00	0.00
(ii) Unitemized.....	0.00	150.00
(iii) TOTAL of contributions from individuals ▶	0.00	150.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	17500.00
(d) The Candidate.....	0.00	7152.43
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	24802.43
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	357.62	20357.62
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	357.62	20357.62
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	60.62
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.48
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	357.62	45221.15

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1555.12	165202.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	8000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	8000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1555.12	175202.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1213.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	357.62
25. SUBTOTAL (add Line 23 and Line 24).....	1571.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1555.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	16.37

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

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)
Corinna for South Dakota

Full Name (Last, First, Middle Initial) Corinna Robinson		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2014
Mailing Address PO Box 3432		Transaction ID : VN926DJMAH1
City Rapid City	State SD	
FEC ID number of contributing federal political committee. C H4SD00049		Amount of Each Receipt this Period 100.00
Name of Employer Self-employed	Occupation Candidate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20357.62	

Full Name (Last, First, Middle Initial) Corinna Robinson		Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address PO Box 3432		Transaction ID : VN926DJMAG3
City Rapid City	State SD	
FEC ID number of contributing federal political committee. C H4SD00049		Amount of Each Receipt this Period 57.62
Name of Employer Self-employed	Occupation Candidate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20257.62	

Full Name (Last, First, Middle Initial) Corinna Robinson		Date of Receipt M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address PO Box 3432		Transaction ID : VN926DJMAF5
City Rapid City	State SD	
FEC ID number of contributing federal political committee. C H4SD00049		Amount of Each Receipt this Period 200.00
Name of Employer Self-employed	Occupation Candidate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20200.00	

SUBTOTAL of Receipts This Page (optional).....	357.62
TOTAL This Period (last page this line number only).....	357.62

**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 6 OF 12			
	<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)
Corinna for South Dakota

Full Name (Last, First, Middle Initial) A. Limestone		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 5015 S Crossing Pl Ste 110		Amount of Each Disbursement this Period 1372.70
City Sioux Falls	State SD	
Zip Code 57108-5065	Purpose of Disbursement Accounting Services	Transaction ID : VN82Y9YCNE4
Candidate Name	001 Category/ Type	
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 29.99
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Computer/Internet	Transaction ID : VN82Y9YCNJ4
Candidate Name	001 Category/ Type	
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. DirectConnect		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 3901 Centerview Dr Ste W		Amount of Each Disbursement this Period 130.29
City Chantilly	State VA	
Zip Code 20151-3229	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN82Y9YCND6
Candidate Name	003 Category/ Type	
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1532.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12			
	<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)
Corinna for South Dakota

Full Name (Last, First, Middle Initial) A. The UPS Store		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2014
Mailing Address 3213 W Main St		Amount of Each Disbursement this Period 20.14 Transaction ID : VN82Y9YCNH6
City Rapid City	State SD	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 825 Saint Joseph St		Amount of Each Disbursement this Period 2.00 Transaction ID : VN82Y9YCNH8
City Rapid City	State SD	
Purpose of Disbursement Bank Fees		Category/ Type 001
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)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	22.14
TOTAL This Period (last page this line number only).....	1555.12

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Corinna for South Dakota

Transaction ID : VN926DJMAH1L

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 3432

City State ZIP Code
Rapid City SD 57709-3432

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100.00 0.00 100.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 23 / Y 2014 M M / D D / Y none % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional) 100.00
TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Corinna for South Dakota** Transaction ID : **VN926DJMAG3L**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Corinna Robinson** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO Box 3432

City State ZIP Code
 Rapid City SD 57709-3432

Original Amount of Loan 57.62	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 57.62
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TERMS

Date Incurred M 12 / D 03 / Y 2014	Date Due M / D / Y none	Interest Rate none % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....	▶	[] 57.62
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Corinna for South Dakota

Transaction ID : VN926BP7844L

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 3432

City State ZIP Code
Rapid City SD 57709-3432

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
20000.00 8000.00 12000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 12 / Y 2013 M M / D D / Y none % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 12000.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Corinna for South Dakota

Transaction ID : VN926DJMAF5L

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 3432

City State ZIP Code
Rapid City SD 57709-3432

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
200.00 0.00 200.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 02 / Y 2014 M M / D D / Y none % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 200.00
TOTALS This Period (last page in this line only)..... 12357.62

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Corinna for South Dakota

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Limestone

Mailing Address 5015 S Crossing Pl
Ste 110

City State Zip Code
Sioux Falls SD 57108-5065

Nature of Debt (Purpose):
Accounting Services

Outstanding Balance Beginning This Period **1372.70** Transaction ID : VN64E9HAE96

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **1372.70**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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)	1372.70
2) TOTALS This Period (last page this line number only)	1372.70
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	12357.62
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	13730.32