

# 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

Friends of Stewart Mills, Inc.

ADDRESS (number and street) ▼

PO Box 1039

Check if different than previously reported. (ACC)

Brainerd

MN

56401

2. **FEC IDENTIFICATION NUMBER** ▼

C C00546739

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

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

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

Type or Print Name of Treasurer Diane Johnson

Signature of Treasurer Diane Johnson

*[Electronically Filed]*

Date

/  /

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

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

Write or Type Committee Name

**Friends of Stewart Mills, Inc.**

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))....	202440.55	650830.83
(b) Total Contribution Refunds (from Line 20(d)) .....	200.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	202240.55	650630.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	162045.00	303345.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	200.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	162045.00	303145.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	355738.89	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Friends of Stewart Mills, Inc.**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	100916.37	442003.63
(ii) Unitemized.....	61024.18	152327.20
(iii) TOTAL of contributions from individuals ▶	161940.55	594330.83
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	40500.00	56500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	202440.55	650830.83
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	9253.59	9253.59
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	200.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	500.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	211694.14	660784.42

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	162045.00	303345.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	200.00	200.00
(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)).....	200.00	200.00
21. OTHER DISBURSEMENTS .....	0.00	1500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	162245.00	305045.53

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	306289.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	211694.14
25. SUBTOTAL (add Line 23 and Line 24).....	517983.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	162245.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	355738.89

**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 118
	<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	

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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MARILYN ALBRECHT**

Mailing Address 30567 LAKEVIEW AVE

City RED WING State MN Zip Code 55066-5655

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

Name of Employer RED WING PUBLISHING Occupation ASST PUBLISHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11.3085**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PATRICK D. ALEXANDER**

Mailing Address 16540 GRAYS BAY BLVD

City WAYZATA State MN Zip Code 55391-2915

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

Name of Employer COLD SPRING GRANITE Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : SA11.3143**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 84 HOWARD GNESEN RD

City DULUTH State MN Zip Code 55811-1612

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

Name of Employer AMSOIL INC Occupation MANAGEMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 11 / 2014

**Transaction ID : SA11.2548**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES ANDERSON**

Mailing Address **2441 SW BIRCH FOREST RD**

City **NISSWA** State **MN** Zip Code **56468-2021**

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

Name of Employer **ATS** Occupation **RELATIONSHIP CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

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

**Transaction ID : SA11.4007**

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

**B.** Full Name (Last, First, Middle Initial)  
**JOHN ANDERSON**

Mailing Address **P.O. BOX 360**

City **BROOKSTON** State **MN** Zip Code **55711-0360**

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  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 19 / 2014**

**Transaction ID : SA11.3257**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

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

Mailing Address **2441 BIRCH FOREST ROAD SW**

City **NISSWA** State **MN** Zip Code **56468-2021**

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  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 28 / 2014**

**Transaction ID : SA11.2606**

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

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

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

**1200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT L. ANDERSON**

Mailing Address 29 PARK LN

City State Zip Code  
MINNEAPOLIS MN 55416-4339

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

Name of Employer Occupation  
FABYANSKE LAW FIRM ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : SA11.3885**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**B.** Full Name (Last, First, Middle Initial)  
**DAVID ARNESON**

Mailing Address 12230 45TH AV N

City State Zip Code  
PLYMOUTH MN 55442-2443

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

Name of Employer Occupation  
PROFESSIONAL INSTRUMENTS CO MANUFACTURER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.3601**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 10709 WAYZATA BOULEVARD, SUITE 220

City State Zip Code  
MINNETONKA MN 55305-1530

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 28 / 2014

**Transaction ID : SA11.2571**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

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

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

4850.00

**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 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**TANI D. AUSTIN**

Mailing Address 5334 HARBOR TOWN DR

City DALLAS State TX Zip Code 75287-7319

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  
2600.00

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

**Transaction ID : SA11.3363**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CARL R. BERGQUIST**

Mailing Address 21050 OAK LN

City EXCELSIOR State MN Zip Code 55331-8619

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

Name of Employer **THE BERGQUIST CO.** Occupation **CHAIRMAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11.3687**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 40494 COUNTY RD 1

City RICE State MN Zip Code 56367-7505

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

Name of Employer **BERNICK'S** Occupation **MANAGEMENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11.4072**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

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

5100.00



**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 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**PAMELA BERNICK**

Mailing Address 515 5TH AVE N

City SAINT CLOUD State MN Zip Code 56303-3500

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : SA11.3344**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD J. BERNICK**

Mailing Address P.O. BOX 7008

City SAINT CLOUD State MN Zip Code 56302-7008

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

Name of Employer THE BERNICK COMPANIES Occupation C.E.O.

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 / 25 / 2014

**Transaction ID : SA11.3862**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 813

City SAINT CLOUD State MN Zip Code 56302-0813

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

Name of Employer DESIGN ELECTRIC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : SA11.2877**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**TERRENCE A. BRANDT**

Mailing Address 18000 - 26TH AVE N

City State Zip Code  
PLYMOUTH MN 55447-1615

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

Name of Employer Occupation  
LOCKTON INC BUSINESS DEVELOPMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.3644**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DEBORAH A. BRATTLOF**

Mailing Address 14870 E FISH HOOK DR

City State Zip Code  
PARK RAPIDS MN 56470-6245

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2014

**Transaction ID : SA11.3467**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

Mailing Address 3759 NEW BRIGHTON RD

City State Zip Code  
ARDEN HILLS MN 55112-3214

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

Name of Employer Occupation  
WILDLIFE RESEARCH CENTER INC EXECUTIVE/SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 31 / 2014

**Transaction ID : SA11.2901**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN R. BURGESON**

Mailing Address 4345 - 157TH AVE NW

City ANDOVER State MN Zip Code 55304-2925

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

Name of Employer WILDLIFE RESEARCH CENTER INC Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : SA11.2898**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SARAH CEDARBERG**

Mailing Address 7176 165TH ST E

City PRIOR LAKE State MN Zip Code 55372-9308

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

Name of Employer SELF Occupation ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 28 / 2014

**Transaction ID : SA11.2620**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 5972 OJIBWA ROAD

City BRAINERD State MN Zip Code 56401-7216

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

Name of Employer MINI KIX INX Occupation BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

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

**Transaction ID : SA11.3740**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**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 12 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**DOUGLAS COLEMAN JR.**

Mailing Address 140 S BROWN RD

City State Zip Code  
LONG LAKE MN 55356-9134

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

Name of Employer Occupation  
DAIN RAUSCHER AND WESSELS BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11.4055**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAN CORCORAN**

Mailing Address 57777 227TH STREET

City State Zip Code  
MANKATO MN 56001-8598

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 06 / 2014

**Transaction ID : SA11.2986**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES R. COTE**

Mailing Address 7440 SHANNON DR

City State Zip Code  
MINNEAPOLIS MN 55439-2637

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  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : SA11.3162**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1500.00

**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 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**SAM COTE**

Mailing Address 925 NINE MILE CV S

City HOPKINS State MN Zip Code 55343-7781

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

Name of Employer CAMP LINCOLN Occupation DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1042.00

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

**Transaction ID : SA11.3918**

Amount of Each Receipt this Period  
 42.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. IRMA M. CRAGUN**

Mailing Address 11000 CRAGUNS DR

City BRAINERD State MN Zip Code 56401-2020

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

Name of Employer CRAGUN'S LODGE Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

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

**Transaction ID : SA11.3833**

Amount of Each Receipt this Period  
 350.00

CONTRIBUTION

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

Mailing Address 1325 MOUNT CURVE AVE

City MINNEAPOLIS State MN Zip Code 55403-1009

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

Name of Employer US BANCORP Occupation BANKING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

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

**Transaction ID : SA11.4129**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

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

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

1892.00

**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 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM DINKEL**

Mailing Address 1345 MAYWOOD STREET

City SAINT PAUL State MN Zip Code 55117-4136

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

Name of Employer ADVANCED AUTO SERVICE Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 15 / 2014

**Transaction ID : SA11.2530**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID J. DONDELINGER**

Mailing Address 3656 TERRACE DR

City BRAINERD State MN Zip Code 56401-6882

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

Name of Employer DONDELINGER CHEVROLET Occupation AUTO DEALER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.3696**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH B. ELDER**

Mailing Address 6328 MILDRED AVE

City EDINA State MN Zip Code 55439-1448

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

Name of Employer SINGLY PLY SYSTEMS INC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : SA11.3126**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1500.00

**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 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID ELSENPETER**

Mailing Address 11014 PINE BEACH PENINSULA

City EAST GULL LAKE State MN Zip Code 56401-2024

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

Name of Employer LAKES STATE BANK Occupation BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2014

**Transaction ID : SA11.3412**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN C. ELSENPETER**

Mailing Address P.O. BOX 176

City WALKER State MN Zip Code 56484-0176

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 300.00

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

**Transaction ID : SA11.3867**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00  
 CONTRIBUTION

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

Mailing Address 14600 ROCKSBOROUGH ROAD

City MINNETONKA State MN Zip Code 55345-3716

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

Name of Employer RAMSEY ENGLER LTD Occupation BUSINESS PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 350.00

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

**Transaction ID : SA11.3593**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00  
 CONTRIBUTION

**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 16 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WARD A. ERICKSON**

Mailing Address 19700 WATERFORD CT

City Shorewood State MN Zip Code 55331-7027

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.3166**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. WARD A. ERICKSON**

Mailing Address 19700 WATERFORD CT

City Shorewood State MN Zip Code 55331-7027

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.4077**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address P.O. BOX 34

City Minneapolis State MN Zip Code 55440-0034

FEC ID number of contributing federal political committee.

Name of Employer BANNER ENGINEERING Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.4009**

Amount of Each Receipt this Period

CONTRIBUTION

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

**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 17 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN T. FORSTROM**

Mailing Address 401 BERMUDA ISLE CIR

City VENICE State FL Zip Code 34292-4510

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : SA11.3213**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN FOSS**

Mailing Address 14720 MAIN ST

City ROGERS State MN Zip Code 55374-9416

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.3821**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. KEITH A. FRANKLIN**

Mailing Address 13429 COUNTY RD 7 NW

City CLEARWATER State MN Zip Code 55320-2202

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

Name of Employer FRANKLIN OUTDOOR ADV CO Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : SA11.3214**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**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 18 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN FUND**

Mailing Address P.O. BOX 853

City State Zip Code  
EDWARDSVILLE IL 62025-0853

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.4080**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID W. GRAEBEL**

Mailing Address 8111 BAY COLONY DR 1103  
#1103

City State Zip Code  
NAPLES FL 34108-8596

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

Name of Employer Occupation  
GRAEBEL COMPANIES CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11.3891**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 13200 43RD STREET NE

City State Zip Code  
SAINT MICHAEL MN 55376-8420

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  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 06 / 2014

**Transaction ID : SA11.3013**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

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

1600.00

**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 19 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>ARTHUR HAHN</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2014
Mailing Address 9708 UTICA RD		<b>Transaction ID : SA11.4184</b>
City MINNEAPOLIS	State MN	Zip Code 55437-2039
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -75.00	
Name of Employer SELF EMPLOYED	Occupation OWNER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 0.00	CHARGED BACK

Full Name (Last, First, Middle Initial) <b>DAVID W. HANSON</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2014
Mailing Address 1030 ANGELO DR		<b>Transaction ID : SA11.3104</b>
City MINNEAPOLIS	State MN	Zip Code 55422-4706
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>MR. MARK D. HANSON</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2014
Mailing Address 12987 PIONEER TRAIL		<b>Transaction ID : SA11.2474</b>
City EDEN PRAIRIE	State MN	Zip Code 55347-4109
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SEAFOAM SALES	Occupation OWNER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1075.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**SCOTT HARMS**

Mailing Address 11824 150 TH AVE

City FORESTON State MN Zip Code 56330-9523

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

Name of Employer AUTO BODY TECHNICIANS Occupation OWNER OPERATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.4037**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM HODDER**

Mailing Address 11 CIRCLE W

City EDINA State MN Zip Code 55436-1312

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 28 / 2014

**Transaction ID : SA11.2757**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 737 JANSEN AVE SE

City HANOVER State MN Zip Code 55341-4096

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

Name of Employer REMANCO HYDRAULICS INC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11.3712**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**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 21 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GERALD J. HOMMES**

Mailing Address 6180 LANEWOOD LN N

City State Zip Code  
PLYMOUTH MN 55446-4543

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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 17 / 2014

**Transaction ID : SA11.3063**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. GERALD J. HOMMES**

Mailing Address 6180 LANEWOOD LN N

City State Zip Code  
PLYMOUTH MN 55446-4543

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  
250.00

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

**Transaction ID : SA11.3852**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

Mailing Address 1175 QUINLAN AVE SO

City State Zip Code  
LAKELAND MN 55043-9527

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

Name of Employer Occupation  
HBI EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11.4025**

Amount of Each Receipt this Period  
1600.00  
CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES JAROCKI**

Mailing Address 2628 BRANCH ST

City State Zip Code  
DULUTH MN 55812-2333

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

Name of Employer Occupation  
STDAT PARTNERS INVESTMENT MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11.4027**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES JUNGSMANN**

Mailing Address 61 W PLEASANT LAKE ROAD

City State Zip Code  
SAINT PAUL MN 55127-2057

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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 28 / 2014

**Transaction ID : SA11.2667**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 901 2ND AVE NE

City State Zip Code  
BRAINERD MN 56401-2410

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  
300.00

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

**Transaction ID : SA11.3743**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

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

850.00

**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 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**ESTHER M. KELLOGG**

Mailing Address 339 MOUNT CURVE BLVD

City SAINT PAUL State MN Zip Code 55105-1217

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

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

**Transaction ID : SA11.3502**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT E. KEPPEL**

Mailing Address 5045 PARK TER

City EDINA State MN Zip Code 55436-1098

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

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

**Transaction ID : SA11.3780**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

Mailing Address 6809 S HEATHERRIDGE AVE

City SIOUX FALLS State SD Zip Code 57108-3324

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

Name of Employer PUBLIC AFFAIRS COMPANY Occupation EXECUTIVE VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : SA11.2897**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1600.00

**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 118
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>STEVEN KNUTH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2014
Mailing Address 887 HIGHLAND TRL		<b>Transaction ID : SA11.2895</b>
City HUDSON	State WI	Zip Code 54016-7970
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer PUBLIC AFFAIRS COMPANY	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Full Name (Last, First, Middle Initial) <b>RICHARD KOCH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 07 / 2014
Mailing Address 29813 HUXTABLE POINT RD		<b>Transaction ID : SA11.3043</b>
City MERRIFIELD	State MN	Zip Code 56465-4340
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>RICHARD KOCH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 29813 HUXTABLE POINT RD		<b>Transaction ID : SA11.4034</b>
City MERRIFIELD	State MN	Zip Code 56465-4340
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2800.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 118
	<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	

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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**PETE KRUCHTEN**

Mailing Address 1647 OAKFOREST DR

City State Zip Code  
ROCKFORD IL 61107-5505

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

Name of Employer Occupation  
KRUCHTEN INC SALES/MARKETING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : SA11.3485**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TERRANCE KUROWSKI**

Mailing Address 29754 SHOREVIEW LANE

City State Zip Code  
BREEZY POINT MN 56472-3187

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

Name of Employer Occupation  
TK COMPANIES INC R E DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.3903**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 3323 OAK ST

City State Zip Code  
BRAINERD MN 56401-3807

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

Name of Employer Occupation  
D & J PRINTING INC PRINTING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

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

**Transaction ID : SA11.3805**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**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 26 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MARIE A. LANDSBURG**

Mailing Address 2472 MAPLE DR SW

City NISSWA State MN Zip Code 56468-2015

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

Name of Employer BUSINESS OWNER Occupation SELF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

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

**Transaction ID : SA11.3355**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GREGORY W. LANGLEY**

Mailing Address 5750 BIRCHDALE RD

City BRAINERD State MN Zip Code 56401-6849

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 **300.00**

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

**Transaction ID : SA11.3779**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARGARET L. LAURIAN**

Mailing Address 14434 LAURIAN LN

City BRAINERD State MN Zip Code 56401-6499

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 **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 28 / 2014

**Transaction ID : SA11.2747**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**400.00**

**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 118
	<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	

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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>MS. MARGARET L. LAURIAN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 14434 LAURIAN LN		<b>Transaction ID : SA11.3642</b>
City BRAINERD	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>HUGH LEASUM</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 2055 OLD PLANK RD		<b>Transaction ID : SA11.2435</b>
City DEPERE	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer FLEET WHOLESALE SUPPLY CO.INC.	Occupation DIRECTOR	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>CHRISTOPHER LEINES</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address P.O. BOX 353		<b>Transaction ID : SA11.4049</b>
City MEDINA	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer MINNESOTA LIMITED	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 118	
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**PHILIP LINDAU JR.**

Mailing Address **2825 MEDICINE RIDGE RD**

City **PLYMOUTH** State **MN** Zip Code **55441-3259**

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

Name of Employer **COMMODITY SPECIALISTS** Occupation **PARTNER/MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		04		2014

**Transaction ID : SA11.4173**

Amount of Each Receipt this Period  

CONTRIBUTION	<b>2000.00</b>
--------------	----------------

**B.** Full Name (Last, First, Middle Initial)  
**TROY J. LINK**

Mailing Address **P.O. BOX 579**

City **MINONG** State **WI** Zip Code **54859-0579**

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

Name of Employer **LINK SNACKS INC** Occupation **PRESIDENT & CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		13		2014

**Transaction ID : SA11.3586**

Amount of Each Receipt this Period  

CONTRIBUTION	<b>1000.00</b>
--------------	----------------

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

Mailing Address **605 PARK AVE NW**

City **WILLIAMS** State **MN** Zip Code **56686-4409**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		24		2014

**Transaction ID : SA11.3748**

Amount of Each Receipt this Period  

CONTRIBUTION	<b>50.00</b>
--------------	--------------

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

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

<b>3050.00</b>

**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 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**RANDY LUTH**

Mailing Address 15531 E DESERT HAWK TRAIL

City FOUNTAIN HILLS State AZ Zip Code 85268-5993

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 **750.00**

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

**Transaction ID : SA11.3808**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WHITNEY MACMILLAN JR.**

Mailing Address P.O. BOX 5628, DEPT 28

City MINNEAPOLIS State MN Zip Code 55440-5628

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 **4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 05 / 2014**

**Transaction ID : SA11.3476**

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

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

Mailing Address P.O. BOX 5628, DEPT 28

City MINNEAPOLIS State MN Zip Code 55440-5628

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 **4000.00**

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

**Transaction ID : SA11.3476B**

Amount of Each Receipt this Period  
**-400.00**  
 CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**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 30 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**WHITNEY MACMILLAN JR.**

Mailing Address **P.O. BOX 5628, DEPT 28**

City **MINNEAPOLIS** State **MN** Zip Code **55440-5628**

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 **4000.00**

Date of Receipt  
**03 / 31 / 2014**

**Transaction ID : SA11.3895**

Amount of Each Receipt this Period  
**400.00**

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**WHITNEY MACMILLAN JR.**

Mailing Address **P.O. BOX 5628, DEPT 28**

City **MINNEAPOLIS** State **MN** Zip Code **55440-5628**

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 **4000.00**

Date of Receipt  
**03 / 24 / 2014**

**Transaction ID : SA11.3768**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT S. MARS JR.**

Mailing Address **4114 LONDON RD**

City **DULUTH** State **MN** Zip Code **55804-2245**

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 **450.00**

Date of Receipt  
**03 / 26 / 2014**

**Transaction ID : SA11.3893**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

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

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

**1200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 118
	<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	

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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**DOUGLAS MCMILLAN**

Mailing Address **272 SALISHAN DRIVE**

City **HUDSON** State **WI** Zip Code **54016-8060**

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

Name of Employer **MCMILLAN ELECTRIC** Occupation **SELF**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 15 / 2014**

**Transaction ID : SA11.2529**

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

**B.** Full Name (Last, First, Middle Initial)  
**BRANDON J. MCNEILUS**

Mailing Address **657 42 STATE HWY 56**

City **DODGE CENTER** State **MN** Zip Code **55927-9031**

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

Name of Employer **READY MIX CONCRETE** Occupation **SELF EMPLOYED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 17 / 2014**

**Transaction ID : SA11.3161**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

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

Mailing Address **10166 BIRCH GROVE ROAD**

City **EAST GULL LAKE** State **MN** Zip Code **56401-3173**

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

Name of Employer **MILLS FLEET FARM** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 15 / 2014**

**Transaction ID : SA11.2482**

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

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

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

**1200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MS. LORIE LONG MICHAELS**

Mailing Address 2060 PINTO DRIVE

City WAYZATA State MN Zip Code 55391-9557

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

Name of Employer SELF Occupation FARMING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2014

**Transaction ID : SA11.3036**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANDREW MILLS**

Mailing Address 2915 SOMERSET LANE

City ORONO State MN Zip Code 55356-9681

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

Name of Employer MILLS SUPPLY COMPANY Occupation OWNERSHIP/MANAGEMENT/OPERATIONS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **360.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 21 / 2014

**Transaction ID : SA11.2579**

Amount of Each Receipt this Period  
 120.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. HENRY C. MILLS II**

Mailing Address 1617 REID DR

City APPLETON State WI Zip Code 54914-5107

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

Name of Employer MILLS FLEET FARM Occupation BUSINESS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : SA11.2886**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

SEE REATTRIBUTION

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

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

**5220.00**



**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 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HENRY C. MILLS II**

Mailing Address 1617 REID DR

City State Zip Code  
APPLETON WI 54914-5107

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

Name of Employer Occupation  
MILLS FLEET FARM BUSINESS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 22 / 2014

**Transaction ID : SA11.2886B**

Amount of Each Receipt this Period  
-2600.00

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION TO SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. NANCY MILLS**

Mailing Address 1617 REID DR

City State Zip Code  
APPLETON WI 54914-5107

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

Name of Employer Occupation  
NANCY MILLS LLC ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 22 / 2014

**Transaction ID : SA11.3433**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION FROM SPOUSE**

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

Mailing Address 6091 FOUNTAIN RD

City State Zip Code  
BAXTER MN 56425-8568

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

Name of Employer Occupation  
ESSENTIA LPN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

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

**Transaction ID : SA11.3600**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

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

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

35.00

**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 34 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**CAROL NELSON**

Mailing Address 6091 FOUNTAIN RD

City State Zip Code  
BAXTER MN 56425-8568

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

Name of Employer Occupation  
ESSENTIA LPN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

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

**Transaction ID : SA11.3921**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SHAWN NELSON**

Mailing Address 22574 170TH ST NW

City State Zip Code  
BIG LAKE MN 55309-9133

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

Name of Employer Occupation  
MOTION TECH AUTOMATION, LLC VP SALES & MARKETING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.3733**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 9

City State Zip Code  
STEWART MN 55385-0009

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

Name of Employer Occupation  
FORM-A-FEED OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 31 / 2014

**Transaction ID : SA11.2881**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

800.00

**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 35 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**LESLIE NETTER**

Mailing Address 40091 COUNTY RD 1

City RICE State MN Zip Code 56367-9593

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

Name of Employer BERNICK'S Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.3938**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AUBREY NICCUM**

Mailing Address 15907 OLD STONEBRIDGE TRL

City BRAINERD State MN Zip Code 56401-8901

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

Name of Employer RANGE INC Occupation PRINTING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11.4170**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

IK: RANGE MEMO ENTRY

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

Mailing Address 15907 OLD STONEBRIDGE TRAIL

City BRAINERD State MN Zip Code 56401-8901

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

Name of Employer RANGE, INC. Occupation MARKETING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11.4169**

Amount of Each Receipt this Period  
 456.28

CONTRIBUTION

IK: RANGE MEMO ENTRY

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

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

4056.28

**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 36 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL NICCUM**

Mailing Address 21416 PARADISE DRIVE

City NISSWA State MN Zip Code 56468-2285

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

Name of Employer RANGE Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
588.09

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

**Transaction ID : SA11.4168**

Amount of Each Receipt this Period  
588.09

CONTRIBUTION

IK: RANGE MEMO ENTRY

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

Mailing Address 7004 HOWARD LN

City EDEN PRAIRIE State MN Zip Code 55346-3052

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

Name of Employer FILTRATION SYSTEMS INC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 26 / 2014

**Transaction ID : SA11.3419**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 5028 LOWER ROY LAKE RD

City NISSWA State MN Zip Code 56468-2736

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

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 28 / 2014

**Transaction ID : SA11.2746**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

1838.09

**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 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**RONALD NUSSBAUM**

Mailing Address 620 LANE 150A LAKE JAMES

City ANGOLA State IN Zip Code 46703-8578

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

Name of Employer BERNE APPAREL Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11.3252**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DARREN PETERS**

Mailing Address 1270 BISCAYNE BLVD

City DELAND State FL Zip Code 32724-2139

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

Name of Employer TACTICAL MACHINING Occupation SELF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : SA11.2910**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 431 E SOUTH ST

City PLANO State IL Zip Code 60545-1676

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

Name of Employer PLANO SYNERGY Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11.3244**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

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

3900.00

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

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

FOR LINE NUMBER: PAGE 38 OF 118  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN PREUSSER**

Mailing Address 431 E SOUTH ST

City PLANO State IL Zip Code 60545-1676

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

Name of Employer PLANO SYNERGY Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11.3245**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHELLE PREUSSER**

Mailing Address 431 EAST S ST

City PLANO State IL Zip Code 60545-1676

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11.3246**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

Mailing Address 431 EAST S ST

City PLANO State IL Zip Code 60545-1676

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11.3247**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

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

7800.00

**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 39 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BILL PRIEFERT**

Mailing Address P.O. BOX 1540

City MOUNT PLEASANT State TX Zip Code 75456-1540

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

Name of Employer: PRIEFERT MFG. CO. INC. Occupation: CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11.4155**

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RUTH QUISBERG**

Mailing Address 1523 SUNSET VIEW

City EAST GULL LAKE State MN Zip Code 56401-3074

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: 250.00

Date of Receipt: 02 / 26 / 2014

**Transaction ID : SA11.3414**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEVE M. QUISBERG**

Mailing Address 1523 SUNSET VIEW

City EAST GULL LAKE State MN Zip Code 56401-3074

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

Name of Employer: SELF-EMPLOYED Occupation: RETAILER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5100.00

Date of Receipt: 03 / 21 / 2014

**Transaction ID : SA11.3725**

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

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

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

3350.00

**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 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STEVE M. QUISBERG**

Mailing Address 1523 SUNSET VIEW

City EAST GULL LAKE State MN Zip Code 56401-3074

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

Name of Employer SELF-EMPLOYED Occupation RETAILER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11.3725B**

Amount of Each Receipt this Period  
-2500.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEVE M. QUISBERG**

Mailing Address 1523 SUNSET VIEW

City EAST GULL LAKE State MN Zip Code 56401-3074

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

Name of Employer SELF-EMPLOYED Occupation RETAILER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11.4187**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

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

Mailing Address 10295 RARDIN RD SW

City NISSWA State MN Zip Code 56468-2037

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

Name of Employer RARDIN CONSTRUCTION INC Occupation COMPANY PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11.3966**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

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

500.00



**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 41 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MARK REUM**

Mailing Address 17902 300TH STREET

City AVON State MN Zip Code 56310-9642

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

Name of Employer MASTER MARK PLASTICS Occupation SALESMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11.3369**

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

**B.** Full Name (Last, First, Middle Initial)  
**SCOTT ROBBIE**

Mailing Address N8554 CTY RD Y

City RIVER FALLS State WI Zip Code 54022-4584

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

Name of Employer FEDERAL CARTRIDGE Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **0.00**

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

**Transaction ID : SA11.4185A**

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

**CHARGED BACK \$500.00 ON 02/19/2014**

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

Mailing Address N8554 CTY RD Y

City RIVER FALLS State WI Zip Code 54022-4584

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

Name of Employer FEDERAL CARTRIDGE Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 19 / 2014**

**Transaction ID : SA11.4185B**

Amount of Each Receipt this Period  
**-500.00**  
 CONTRIBUTION

**CHARGED BACK**

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

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

**500.00**

**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 42 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT W. ROSENE**

Mailing Address 2550 - 38TH AVE NE #211

City State Zip Code  
MINNEAPOLIS MN 55421-5037

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  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 17 / 2014

**Transaction ID : SA11.3113**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TOM ROSEN**

Mailing Address 1120 LAKE AVE, P.O. BOX 933

City State Zip Code  
FAIRMONT MN 56031-0933

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

Name of Employer Occupation  
ROSEN'S DIVERSIFIED PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11.3997**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

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

Mailing Address W6057 GREYSTONE CT

City State Zip Code  
APPLETON WI 54915-7444

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

Name of Employer Occupation  
RCI GUN ACCESSORIES MFG

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11.3646**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

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

3075.00

**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 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES E. RUDIE**

Mailing Address 13110 EAGLE CREEK LN

City DEERWOOD State MN Zip Code 56444-8337

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 **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 17 / 2014**

**Transaction ID : SA11.3060**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES E. RUDIE**

Mailing Address 13110 EAGLE CREEK LN

City DEERWOOD State MN Zip Code 56444-8337

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 **275.00**

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

**Transaction ID : SA11.3832**

Amount of Each Receipt this Period  
**75.00**  
 CONTRIBUTION

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

Mailing Address 1351 CHATTERTON RD

City SAINT PAUL State MN Zip Code 55123-1481

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 **500.00**

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

**Transaction ID : SA11.3348**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**375.00**

**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 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**FRANK RUSSOMANO**

Mailing Address 1351 CHATTERTON RD

City SAINT PAUL State MN Zip Code 55123-1481

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 **500.00**

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

**Transaction ID : SA11.4031**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT SAMSON**

Mailing Address 23 BARN RD

City SPOFFORD State NH Zip Code 03462-4000

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

Name of Employer SAMSON MFG CORP Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2014**

**Transaction ID : SA11.2894**

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

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

Mailing Address 23 BARN RD

City SPOFFORD State NH Zip Code 03462-4000

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

Name of Employer SAMSON MFG CORP Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

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

**Transaction ID : SA11.2894B**

Amount of Each Receipt this Period  
**-400.00**  
 CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**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 45 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT SAMSON**

Mailing Address 23 BARN RD

City State Zip Code  
SPOFFORD NH 03462-4000

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SAMSON MFG CORP OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.3897**

Amount of Each Receipt this Period

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**REBECCA A. SANDS**

Mailing Address 9410 OAK BLUFF

City State Zip Code  
BRAINERD MN 56401-6192

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.3149**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 3900 RIVER OAK CIR

City State Zip Code  
MOORHEAD MN 56560-5611

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SCHEELS RETAIL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.3253**

Amount of Each Receipt this Period

CONTRIBUTION

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

**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 46 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**RONALD J. SCHUTZ**

Mailing Address 865 NAVAJO RD W

City MEDINA State MN Zip Code 55340-9487

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

Name of Employer ROBINS, KAPLAN, MILLER & CIRESI L.L.P. Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.3360**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM H. SPELL**

Mailing Address 4706 WHITE OAKS RD

City EDINA State MN Zip Code 55424-1242

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

Name of Employer SPELL CAPITAL PARTNERS Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11.3723**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SCARLETT A. TANNER-ATKINS**

Mailing Address 781 EASTVIEW CIR

City IDAHO FALLS State ID Zip Code 83401-3376

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

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : SA11.4174**

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

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

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

1800.00

**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 47 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES TEST**

Mailing Address **2710 2ND AVENUE S**

City **MINNEAPOLIS** State **MN** Zip Code **55408-1710**

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  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 06 / 2014**

**Transaction ID : SA11.2979**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID R. THIES**

Mailing Address **7250 LEWIS RIDGE PKWY #206**

City **EDINA** State **MN** Zip Code **55439-1938**

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  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 17 / 2014**

**Transaction ID : SA11.3091**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

Mailing Address **9115 GLEN EDIN LN**

City **MINNEAPOLIS** State **MN** Zip Code **55443-1719**

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  
**300.00**

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

**Transaction ID : SA11.3817**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

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

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

**800.00**

**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 48 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

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

Mailing Address 4509 EDINA BLVD

City: EDINA State: MN Zip Code: 55424-1135

FEC ID number of contributing federal political committee: C

Name of Employer: TRAUTZ PROPERTIES INC. Occupation: PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 20 / 2014

**Transaction ID : SA11.3672**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PATRICIA E. TURONIE**

Mailing Address 3241 WATKINS SPUR

City: CLOQUET State: MN Zip Code: 55720-3320

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: REAL ESTATE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 225.00

Date of Receipt: 01 / 31 / 2014

**Transaction ID : SA11.2904**

Amount of Each Receipt this Period: 50.00

CONTRIBUTION

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

Mailing Address 3241 WATKINS SPUR

City: CLOQUET State: MN Zip Code: 55720-3320

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: REAL ESTATE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 225.00

Date of Receipt: 03 / 03 / 2014

**Transaction ID : SA11.3454**

Amount of Each Receipt this Period: 50.00

CONTRIBUTION

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

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

1100.00



**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 49 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**PATRICIA E. TURONIE**

Mailing Address 3241 WATKINS SPUR

City State Zip Code  
CLOQUET MN 55720-3320

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

Name of Employer Occupation  
SELF REAL ESTATE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

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

**Transaction ID : SA11.3949**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAMES ULLAND**

Mailing Address 1600 W 22ND ST

City State Zip Code  
MINNEAPOLIS MN 55405-2401

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

Name of Employer Occupation  
ULLAND INVESTMENT ADVISORS, INC. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 28 2014**

**Transaction ID : SA11.2645**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

Mailing Address 1600 W 22ND ST

City State Zip Code  
MINNEAPOLIS MN 55405-2401

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

Name of Employer Occupation  
ULLAND INVESTMENT ADVISORS, INC. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1100.00**

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

**Transaction ID : SA11.3362**

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

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

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

**1150.00**

**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 50 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**ALLEN L. VANBEEK M.D.**

Mailing Address 7115 ANTRIM CT

City Edina State MN Zip Code 55439-1702

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : SA11.3171**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL J. WALT**

Mailing Address 2661 ELDRIDGE AVE E

City North Saint Paul State MN Zip Code 55109-4125

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

Name of Employer Occupation  
3M CLINICAL RESEARCH

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : SA11.3219**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

Mailing Address 2661 ELDRIDGE AVE E

City North Saint Paul State MN Zip Code 55109-4125

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

Name of Employer Occupation  
3M CLINICAL RESEARCH

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11.4128**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

450.00

**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 51 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**DR. JAY B. WEST**

Mailing Address **2660 DEER RIDGE**

City **BLAINE** State **MN** Zip Code **55449-5903**

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

Name of Employer **SELF-EMPLOYED** Occupation **DENTIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

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

**Transaction ID : SA11.3453**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JILL WINE**

Mailing Address **18515 - 8TH AVE N**

City **PLYMOUTH** State **MN** Zip Code **55447-3337**

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  
**5200.00**

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

**Transaction ID : SA11.4178**

Amount of Each Receipt this Period  
**5200.00**  
 CONTRIBUTION

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

Mailing Address **18515 - 8TH AVE N**

City **PLYMOUTH** State **MN** Zip Code **55447-3337**

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  
**5200.00**

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

**Transaction ID : SA11.4178B**

Amount of Each Receipt this Period  
**-2600.00**  
 CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

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

**5400.00**

**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 52 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**JILL WINE**

Mailing Address 18515 - 8TH AVE N

City: PLYMOUTH State: MN Zip Code: 55447-3337

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: 5200.00

Date of Receipt: 03 / 13 / 2014

**Transaction ID : SA11.4183**

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**SCOTT W. WINE**

Mailing Address 18515 - 8TH AVE N

City: PLYMOUTH State: MN Zip Code: 55447-3337

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

Name of Employer: POLARIS Occupation: CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 03 / 13 / 2014

**Transaction ID : SA11.4179**

Amount of Each Receipt this Period: 5200.00

CONTRIBUTION

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

Mailing Address 18515 - 8TH AVE N

City: PLYMOUTH State: MN Zip Code: 55447-3337

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

Name of Employer: POLARIS Occupation: CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 03 / 13 / 2014

**Transaction ID : SA11.4179B**

Amount of Each Receipt this Period: -2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**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: (check only one)	PAGE 53 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**SCOTT W. WINE**

Mailing Address 18515 - 8TH AVE N

City PLYMOUTH State MN Zip Code 55447-3337

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

Name of Employer POLARIS Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : SA11.4181**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**JOHN E. WREN**

Mailing Address 2261 NORTHRIDGE AVE CIR N

City STILLWATER State MN Zip Code 55082-2506

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  
2500.00

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

**Transaction ID : SA11.3354**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 2261 NORTHRIDGE AVE CIR N

City STILLWATER State MN Zip Code 55082-2506

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  
2500.00

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

**Transaction ID : SA11.3954**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

2000.00

100916.37

**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 54 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**HUDSON FOR CONGRESS**

Mailing Address P.O. BOX 5053

City State Zip Code  
CONCORD NC 28027-1500

FEC ID number of contributing federal political committee. **C C00504522**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11.3620**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CONSERVATIVE OPPORTUNITY LEADERSHIP & ENTERPRISE PAC (COLE PAC)**

Mailing Address 12176 CHANCERY STATION CIR

City State Zip Code  
RESTON VA 20190-5803

FEC ID number of contributing federal political committee. **C C00404392**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11.3621**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**COOPER TIRE & RUBBER COMPANY PAC**

Mailing Address PO BOX 550

City State Zip Code  
FINDLAY OH 45839-0550

FEC ID number of contributing federal political committee. **C C00370270**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11.3435**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**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 55 OF 118
<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**EVERY REPUBLICAN IS CRUCIAL PAC**

Mailing Address 25 E MAIN ST, STE 200

City	State	Zip Code
RICHMOND	VA	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  
 \_\_\_\_\_ 10000.00

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

**Transaction ID : SA11.4095**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EVERY REPUBLICAN IS CRUCIAL PAC**

Mailing Address 25 E MAIN ST, STE 200

City	State	Zip Code
RICHMOND	VA	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  
 \_\_\_\_\_ 10000.00

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

**Transaction ID : SA11.4096**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FREEDOM & SECURITY PAC**

Mailing Address 228 S WASHINGTON ST, STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314-5404

FEC ID number of contributing federal political committee. **C** C00437061

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

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

**Transaction ID : SA11.3622**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 3000.00

CONTRIBUTION

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

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

\_\_\_\_\_ 13000.00

\_\_\_\_\_

**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 56 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**FREEDOM & SECURITY PAC**

Mailing Address 228 S WASHINGTON ST, STE 115

City State Zip Code  
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00437061

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

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

**Transaction ID : SA11.4099**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOBS, ECONOMY, AND BUDGET FUND**

Mailing Address PO BOX 30844

City State Zip Code  
BETHESDA MD 20824-0844

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  
7500.00

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

**Transaction ID : SA11.4097**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOBS, ECONOMY, AND BUDGET FUND**

Mailing Address PO BOX 30844

City State Zip Code  
BETHESDA MD 20824-0844

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  
7500.00

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

**Transaction ID : SA11.4098**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

7000.00



**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 57 OF 118	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MAJORITY COMMITTEE PAC**

Mailing Address **PO BOX 10134**

City **BAKERSFIELD** State **CA** Zip Code **93389-0134**

FEC ID number of contributing federal political committee. **C C00428052**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : SA11.3466**

Amount of Each Receipt this Period  
**5000.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PROSPERITY ACTION INC**

Mailing Address **1006 PENDLETON ST**

City **ALEXANDRIA** State **VA** Zip Code **22314-1837**

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 **5000.00**

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

**Transaction ID : SA11.4094**

Amount of Each Receipt this Period  
**5000.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RR DONNELLEY GOOD GOVERNMENT FUND**

Mailing Address **111 S WACKER DR**

City **CHICAGO** State **IL** Zip Code **60601-3713**

FEC ID number of contributing federal political committee. **C C00033977**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

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

**Transaction ID : SA11.4100**

Amount of Each Receipt this Period  
**5000.00**  
CONTRIBUTION

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

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

**15000.00**

**40500.00**

**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 58 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. MINNESOTA CONGRESSIONAL VICTORY FUND</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 2470 DANIELLS BRIDGE RD STE 121		<b>Transaction ID : SA12.4101</b>
City	State Zip Code	
ATHENS	GA 30606-6191	Amount of Each Receipt this Period 9253.59
FEC ID number of contributing federal political committee.	C	CONTRIBUTION
Name of Employer	Occupation	SEE ATTRIBUTION BELOW
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 9253.59	

Full Name (Last, First, Middle Initial) <b>B. MR. BRIAN C. BURGESON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 3759 NEW BRIGHTON RD		<b>Transaction ID : SA12.4102</b>
City	State Zip Code	
ARDEN HILLS	MN 55112-3214	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.	C	CONTRIBUTION
Name of Employer	Occupation	<b>[MEMO ITEM]</b>
WILDLIFE RESEARCH CENTER INC	EXECUTIVE/SALES	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>C. MR. GLEN L. COOK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 8041 COUNTY RD 78		<b>Transaction ID : SA12.4113B</b>
City	State Zip Code	
LAKE SHORE	MN 56468-2532	Amount of Each Receipt this Period -400.00
FEC ID number of contributing federal political committee.	C	CONTRIBUTION
Name of Employer	Occupation	<b>[MEMO ITEM]</b> REDESIGNATION TO GENERAL
GUESTS INC	SELF-EMPLOYED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9253.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>MR. GLEN L. COOK</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 8041 COUNTY RD 78		<b>Transaction ID : SA12.4189</b>	
City LAKE SHORE State MN Zip Code 56468-2532	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer GUESTS INC Occupation SELF-EMPLOYED	<b>[MEMO ITEM]</b> REDESIGNATION FROM PRIMARY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) <b>DIANE FEHR</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 19 RIVERVIEW DR		<b>Transaction ID : SA12.4108</b>	
City MORRIS State MN Zip Code 56267-9475	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer RETIRED Occupation RETIRED	<b>[MEMO ITEM]</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>GARY FEHR</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 26271 - 470TH AVE		<b>Transaction ID : SA12.4109</b>	
City MORRIS State MN Zip Code 56267-4395	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer RIVERVIEW LLP Occupation AGRONOMY	<b>[MEMO ITEM]</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 60 OF 118  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MITCH FEHR**

Mailing Address **26271 - 470TH AVE**

City **MORRIS** State **MN** Zip Code **56267-4395**

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

Name of Employer **RIVERVIEW DAIRY** Occupation **FARMING**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**03 / 31 / 2014**

**Transaction ID : SA12.4107**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**KATHERINE FIELDLER**

Mailing Address **1896 - 397TH AVE NE**

City **STANCHFIELD** State **MN** Zip Code **55080-3302**

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  
**1000.00**

Date of Receipt  
**03 / 31 / 2014**

**Transaction ID : SA12.4103**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**MARK W. KROLL PH.D.**

Mailing Address **BOX 23**

City **CRYSTAL BAY** State **MN** Zip Code **55323-0023**

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  
**1000.00**

Date of Receipt  
**03 / 31 / 2014**

**Transaction ID : SA12.4104**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**[MEMO ITEM]**

**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: PAGE 61 OF 118  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL X. LINDNER**

Mailing Address 2121 - 125TH ST SW

City State Zip Code  
PILLAGER MN 56473-2260

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

Name of Employer Occupation  
SELF-EMPLOYED OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

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

**Transaction ID : SA12.4110**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**JAMES LINDNER**

Mailing Address 9106 HUNTERS LN

City State Zip Code  
PEQUOT LAKES MN 56472-3387

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

Name of Employer Occupation  
LINDNER MEDIA PRODUCTIONS EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

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

**Transaction ID : SA12.4111**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**MR. RON J. LINDNER**

Mailing Address 11503 LOWER GULL LAKE LN

City State Zip Code  
EAST GULL LAKE MN 56401-2019

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

Name of Employer Occupation  
LINDNER MEDIA OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2250.00**

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

**Transaction ID : SA12.4115**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**[MEMO ITEM]**

**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 62 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**CHAD J. NELSON**

Mailing Address 7600 FALLEN LEAF CIR

City BREEZY POINT State MN Zip Code 56472-3787

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  
1250.00

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

**Transaction ID : SA12.4114**

Amount of Each Receipt this Period  
1250.00

CONTRIBUTION

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**JOHN OHLIN**

Mailing Address 5860 PARKWOOD CT

City BAXTER State MN Zip Code 56425-7432

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

Name of Employer FIRST NATIONAL BANK OF DEERWOOD Occupation BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA12.4105**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**[MEMO ITEM]**

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

Mailing Address 4251 GULF SHORE BLVD, #15B

City NAPLES State FL Zip Code 34103-3400

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

Name of Employer TOW HARBORS INVESTMENT CORP Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

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

**Transaction ID : SA12.4112**

Amount of Each Receipt this Period  
1250.00

CONTRIBUTION

**[MEMO ITEM]**

**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 63 OF 118
	<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)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**DENNIS WULF**

Mailing Address 14 SKYVIEW LN

City MORRIS State MN Zip Code 56267-1530

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

Name of Employer WULF CATTLE CO. Occupation CEO

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 : SA12.4106**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**[MEMO ITEM]**

**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).....

0.00

9253.59

**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 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. AUBREY NICCUM</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>15907 OLD STONEBRIDGE TRL</b>			Amount of Each Disbursement this Period <b>2600.00</b>
City <b>BRAINERD</b>	State <b>MN</b>	Zip Code <b>56401-8901</b>	Transaction ID : <b>SB17.4170</b>
Purpose of Disbursement <b>IN-KIND CONTRIBUTION</b>		Category/ Type	
Candidate Name		Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IK: RANGE MEMO ENTRY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. DAN NICCUM</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>15907 OLD STONEBRIDGE TRAIL</b>			Amount of Each Disbursement this Period <b>456.28</b>
City <b>BRAINERD</b>	State <b>MN</b>	Zip Code <b>56401-8901</b>	Transaction ID : <b>SB17.4169</b>
Purpose of Disbursement <b>IN-KIND CONTRIBUTION</b>		Category/ Type	
Candidate Name		Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IK: RANGE MEMO ENTRY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. PAUL NICCUM</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>21416 PARADISE DRIVE</b>			Amount of Each Disbursement this Period <b>588.09</b>
City <b>NISSWA</b>	State <b>MN</b>	Zip Code <b>56468-2285</b>	Transaction ID : <b>SB17.4168</b>
Purpose of Disbursement <b>IN-KIND CONTRIBUTION</b>		Category/ Type	
Candidate Name		Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IK: RANGE MEMO ENTRY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3644.37</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 118	
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. ISAAC SCHULTZ</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2014</b>
Mailing Address <b>6871 APOLLO RD</b>		Amount of Each Disbursement this Period <b>420.55</b> <b>Transaction ID : SB17.I126</b>
City <b>SWANVILLE</b> State <b>MN</b> Zip Code <b>56382</b>	Purpose of Disbursement <b>MILEAGE REIMBURSEMENT</b>	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. ASPECT CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 20 / 2014</b>
Mailing Address <b>8401 EXCELSIOR DRIVE #103</b>		Amount of Each Disbursement this Period <b>2000.00</b> <b>Transaction ID : SB17.I107</b>
City <b>MADISON</b> State <b>WI</b> Zip Code <b>53717</b>	Purpose of Disbursement <b>COMPLIANCE CONSULTING</b>	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. ASPECT CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 06 / 2014</b>
Mailing Address <b>8401 EXCELSIOR DRIVE #103</b>		Amount of Each Disbursement this Period <b>2000.00</b> <b>Transaction ID : SB17.I115</b>
City <b>MADISON</b> State <b>WI</b> Zip Code <b>53717</b>	Purpose of Disbursement <b>COMPLIANCE CONSULTING</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4420.55</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 118	
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. ASPECT CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2014</b>
Mailing Address <b>8401 EXCELSIOR DRIVE #103</b>		Amount of Each Disbursement this Period <b>2000.00</b> <b>Transaction ID : SB17.I123</b>
City <b>MADISON</b>	State <b>WI</b>	
Zip Code <b>53717</b>	Purpose of Disbursement <b>COMPLIANCE CONSULTING</b>	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:	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 10 / 2014</b>
Mailing Address <b>1593 SPRING HILL ROAD, SUITE 400</b>		Amount of Each Disbursement this Period <b>758.10</b> <b>Transaction ID : SB17.I177</b>
City <b>TYSONS CORNER</b>	State <b>VA</b>	
Zip Code <b>22182</b>	Purpose of Disbursement <b>DATABASE SOFTWARE</b>	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:	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2014</b>
Mailing Address <b>1593 SPRING HILL ROAD, SUITE 400</b>		Amount of Each Disbursement this Period <b>758.10</b> <b>Transaction ID : SB17.I178</b>
City <b>TYSONS CORNER</b>	State <b>VA</b>	
Zip Code <b>22182</b>	Purpose of Disbursement <b>DATABASE SOFTWARE</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3516.20</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

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

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 11 / 2014

Amount of Each Disbursement this Period: 758.10

Transaction ID : SB17.I179

Full Name (Last, First, Middle Initial)  
**B. CONNECTIVIST MEDIA**

Mailing Address 544 E OGDEN AVE #700-161

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement ONLINE MEDIA

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 20 / 2014

Amount of Each Disbursement this Period: 4763.14

Transaction ID : SB17.I108

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

Mailing Address 544 E OGDEN AVE #700-161

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement ONLINE MEDIA

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 06 / 2014

Amount of Each Disbursement this Period: 3059.74

Transaction ID : SB17.I116

**SUBTOTAL** of Disbursements This Page (optional)..... 8580.98

**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 68 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. FLS CONNECT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 7300 HUDSON BLVD, SUITE 270		Amount of Each Disbursement this Period 6022.70
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement TELEPHONE FUNDRAISING Candidate Name Category/Type	
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)		Transaction ID : SB17.I109
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FLS CONNECT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 7300 HUDSON BLVD, SUITE 270		Amount of Each Disbursement this Period 5384.70
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement TELEPHONE FUNDRAISING Candidate Name Category/Type	
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)		Transaction ID : SB17.I117
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FLS CONNECT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 7300 HUDSON BLVD, SUITE 270		Amount of Each Disbursement this Period 3649.00
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement TELEPHONE FUNDRAISING Candidate Name Category/Type	
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)		Transaction ID : SB17.I124
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15056.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. FP1 STRATEGIES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address P.O. BOX 16504		Amount of Each Disbursement this Period 4500.00
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement MEDIA CONSULTING	Transaction ID : SB17.I118
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. FP1 STRATEGIES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address P.O. BOX 16504		Amount of Each Disbursement this Period 15000.00
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement CONSULTING FEES	Transaction ID : SB17.I134
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. ISTREAM</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 13555 BISHOPS COURT		Amount of Each Disbursement this Period 78.59
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement CHECK PROCESSING FEES	Transaction ID : SB17.I131
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19578.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

**A. ISTREAM**

Full Name (Last, First, Middle Initial)  
Mailing Address 13555 BISHOPS COURT

City: BROOKFIELD State: WI Zip Code: 53005

Purpose of Disbursement: CHECK PROCESSING FEES

Candidate Name: \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 02 / 06 / 2014

Amount of Each Disbursement this Period: 88.97

Transaction ID : SB17.I132

**B. ISTREAM**

Full Name (Last, First, Middle Initial)  
Mailing Address 13555 BISHOPS COURT

City: BROOKFIELD State: WI Zip Code: 53005

Purpose of Disbursement: CHECK PROCESSING FEES

Candidate Name: \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 03 / 06 / 2014

Amount of Each Disbursement this Period: 75.19

Transaction ID : SB17.I133

**C. LEGACY COURSES AT CRAGUN'S**

Full Name (Last, First, Middle Initial)  
Mailing Address 11000 CRAGUNS DRIVE

City: BRAINERD State: MN Zip Code: 56401

Purpose of Disbursement: EVENT RENTAL

Candidate Name: \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 01 / 20 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.I110

**SUBTOTAL** of Disbursements This Page (optional) ..... 1164.16

**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 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. MILLS FLEET FARM</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address P.O. BOX 5055		Amount of Each Disbursement this Period 1544.26
City BRAINDERD	State MN	
Zip Code 56401	Purpose of Disbursement RENT	Transaction ID : SB17.I111
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. MINNESOTA DEPARTMENT OF REVENUE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address MAIL STATION 6501		Amount of Each Disbursement this Period 333.68
City ST PAUL	State MN	
Zip Code 55146	Purpose of Disbursement PAYROLL TAX	Transaction ID : SB17.I193
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 935.81
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I181
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2813.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. ISAAC SCHULTZ</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 6871 APOLLO RD		Amount of Each Disbursement this Period 935.81
City SWANVILLE	State MN	
Zip Code 56382	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I267
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 935.82
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I182
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. ISAAC SCHULTZ</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 6871 APOLLO RD		Amount of Each Disbursement this Period 935.82
City SWANVILLE	State MN	
Zip Code 56382	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I268
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	935.82
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 118	
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 935.81
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I183
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. ISAAC SCHULTZ</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 6871 APOLLO RD		Amount of Each Disbursement this Period 935.81
City SWANVILLE	State MN	
Zip Code 56382	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I269
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 5205.18
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I184
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6140.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 118			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL A. LUKACH</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014	
Mailing Address 4 BUNKER HILL ROAD			Amount of Each Disbursement this Period 4269.36	
City SHREWSBURY	State MA	Zip Code 01545	Transaction ID : SB17.I273	
Purpose of Disbursement PAYROLL		Category/ Type	[MEMO ITEM]	
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:				

Full Name (Last, First, Middle Initial) <b>B. ISAAC SCHULTZ</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014	
Mailing Address 6871 APOLLO RD			Amount of Each Disbursement this Period 935.82	
City SWANVILLE	State MN	Zip Code 56382	Transaction ID : SB17.I270	
Purpose of Disbursement PAYROLL		Category/ Type	[MEMO ITEM]	
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:				

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 375 BISHOPS WAY			Amount of Each Disbursement this Period 3070.50	
City BROOKFIELD	State WI	Zip Code 53005	Transaction ID : SB17.I185	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3070.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL A. LUKACH</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 4 BUNKER HILL ROAD		Amount of Each Disbursement this Period 2134.69
City SHREWSBURY State MA Zip Code 01545	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I274
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. ISAAC SCHULTZ</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 6871 APOLLO RD		Amount of Each Disbursement this Period 935.81
City SWANVILLE State MN Zip Code 56382	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I271
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 3895.48
City BROOKFIELD State WI Zip Code 53005	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I186
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3895.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. JOHN N. ELORANTA</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 6485 KOSKI ROAD		Amount of Each Disbursement this Period 824.97
City TOWER State MN Zip Code 55790	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I276 <b>[MEMO ITEM]</b>
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:	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL A. LUKACH</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 4 BUNKER HILL ROAD		Amount of Each Disbursement this Period 2134.69
City SHREWSBURY State MA Zip Code 01545	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I275 <b>[MEMO ITEM]</b>
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:	

Full Name (Last, First, Middle Initial) <b>C. ISAAC SCHULTZ</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 6871 APOLLO RD		Amount of Each Disbursement this Period 935.82
City SWANVILLE State MN Zip Code 56382	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I272 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 15 / 2014</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>163.00</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEE</b>	<b>Transaction ID : SB17.I187</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 31 / 2014</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>91.00</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEE</b>	<b>Transaction ID : SB17.I188</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 14 / 2014</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>91.00</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEE</b>	<b>Transaction ID : SB17.I189</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>345.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 28 / 2014</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>91.00</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEE</b>	<b>Transaction ID : SB17.I190</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2014</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>91.00</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEE</b>	<b>Transaction ID : SB17.I191</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 15 / 2014</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>446.45</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL TAX</b>	<b>Transaction ID : SB17.I192</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>628.45</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 118		
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 31.00 <b>Transaction ID : SB17.I194</b>
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL TAX	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:	

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 446.44 <b>Transaction ID : SB17.I195</b>
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL TAX	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:	

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 446.45 <b>Transaction ID : SB17.I196</b>
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL TAX	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	923.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 28 / 2014</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>2811.88</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL TAX</b>	<b>Transaction ID : SB17.I197</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2014</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>1617.16</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL TAX</b>	<b>Transaction ID : SB17.I198</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>91.00</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEE</b>	<b>Transaction ID : SB17.I206</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4520.04</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 1888.98
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I207
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 3.17
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I135
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 28.75
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I136
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1920.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 1.44 <b>Transaction ID : SB17.I137</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	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:	

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 66.20 <b>Transaction ID : SB17.I138</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	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:	

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 2.88 <b>Transaction ID : SB17.I139</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	70.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 41.84
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I140
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 1.44
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I141
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 4.32
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I142
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	47.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period ..... 19.26
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<b>Transaction ID : SB17.I143</b>
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period ..... 4.61
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<b>Transaction ID : SB17.I144</b>
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period ..... 8.63
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<b>Transaction ID : SB17.I145</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 32.50
<b>TOTAL</b> This Period (last page this line number only).....	.....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 1.44 <b>Transaction ID : SB17.I146</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	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:	

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 69.91 <b>Transaction ID : SB17.I147</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	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:	

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 51.75 <b>Transaction ID : SB17.I148</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	123.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 4.32
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I149
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 2.88
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I150
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 28.47
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I151
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	35.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 44.90
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I152
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 29.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I153
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 718.76
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I154
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	792.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>34.50</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I155</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 07 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>0.58</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I156</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>69.34</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I157</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>104.42</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>1.16</b>
City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
Candidate Name		<b>Transaction ID : SB17.I158</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 12 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>11.52</b>
City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
Candidate Name		<b>Transaction ID : SB17.I159</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 13 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>12.38</b>
City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
Candidate Name		<b>Transaction ID : SB17.I160</b>
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>25.06</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>2.88</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b> Zip Code <b>94105</b>	
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		<b>Transaction ID : SB17.I161</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 17 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>57.50</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b> Zip Code <b>94105</b>	
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		<b>Transaction ID : SB17.I162</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 18 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>2.01</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b> Zip Code <b>94105</b>	
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		<b>Transaction ID : SB17.I163</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>62.39</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 19 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>33.67</b>
City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
Candidate Name		<b>Transaction ID : SB17.I164</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 20 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>2.88</b>
City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
Candidate Name		<b>Transaction ID : SB17.I165</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>29.00</b>
City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
Candidate Name		<b>Transaction ID : SB17.I166</b>
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>65.55</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>19.27</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I167</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 25 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>64.45</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I168</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 26 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>16.40</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I169</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>100.12</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 27 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>5.75</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I170</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 28 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>3.17</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I171</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 29 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>7.19</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I172</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>16.11</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 29 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>6.05</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I173</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 29 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>87.70</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I174</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 29 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>73.33</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I175</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>167.08</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 29 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>53.21</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I176</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>8.29</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I200</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>43.14</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I201</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>104.64</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>81.97</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I202</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>96.11</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I203</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>132.41</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I204</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>312.49</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>165.90</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b> Zip Code <b>94105</b>	
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		<b>Transaction ID : SB17.I205</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. POSTMASTER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 28 / 2014</b>
Mailing Address <b>475 L'ENFANT PLAZA SW</b>		Amount of Each Disbursement this Period <b>220.00</b>
City <b>WASHINGTON</b>	State <b>DC</b> Zip Code <b>20260</b>	
Purpose of Disbursement <b>POSTAGE</b>		<b>Transaction ID : SB17.I122</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. PURCELL CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 20 / 2014</b>
Mailing Address <b>2222 BLAISDELL AVENUE #204</b>		Amount of Each Disbursement this Period <b>6000.00</b>
City <b>MINNEAPOLIS</b>	State <b>MN</b> Zip Code <b>55404</b>	
Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>		<b>Transaction ID : SB17.I112</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6385.90</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PURCELL CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 06 / 2014</b>
Mailing Address <b>2222 BLAISDELL AVENUE #204</b>		Amount of Each Disbursement this Period <b>4000.00</b>
City <b>MINNEAPOLIS</b>	State <b>MN</b>	
Zip Code <b>55404</b>	Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>	<b>Transaction ID : SB17.I119</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PURCELL CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2014</b>
Mailing Address <b>2222 BLAISDELL AVENUE #204</b>		Amount of Each Disbursement this Period <b>4000.00</b>
City <b>MINNEAPOLIS</b>	State <b>MN</b>	
Zip Code <b>55404</b>	Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>	<b>Transaction ID : SB17.I125</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. RANGE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>PO BOX 978</b>		Amount of Each Disbursement this Period <b>588.00</b>
City <b>BRAINERD</b>	State <b>MN</b>	
Zip Code <b>56401</b>	Purpose of Disbursement <b>PRINTING: PAUL NICCUM IN-KIND</b>	<b>Transaction ID : SB17.I208</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. RANGE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 978		Amount of Each Disbursement this Period 2600.00
City BRAINERD State MN Zip Code 56401	Purpose of Disbursement PRINTING: AUBREY NICCUM IN-KIND	
Candidate Name	Category/Type	Transaction ID : SB17.I209 <b>[MEMO ITEM]</b>
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:	

Full Name (Last, First, Middle Initial) <b>B. RANGE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 978		Amount of Each Disbursement this Period 456.28
City BRAINERD State MN Zip Code 56401	Purpose of Disbursement PRINTING: DAN NICCUM IN-KIND	
Candidate Name	Category/Type	Transaction ID : SB17.I210 <b>[MEMO ITEM]</b>
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:	

Full Name (Last, First, Middle Initial) <b>C. SCM ASSOCIATES INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address P.O. BOX 254		Amount of Each Disbursement this Period 5084.04
City DUBLIN State NH Zip Code 03444	Purpose of Disbursement DIRECT MAIL	
Candidate Name	Category/Type	Transaction ID : SB17.I113
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5084.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. SCM ASSOCIATES INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014	
Mailing Address P.O. BOX 254			Amount of Each Disbursement this Period 5664.92	
City DUBLIN	State NH	Zip Code 03444	Transaction ID : SB17.I120	
Purpose of Disbursement DIRECT MAIL		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:				

Full Name (Last, First, Middle Initial) <b>B. SCM ASSOCIATES INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014	
Mailing Address P.O. BOX 254			Amount of Each Disbursement this Period 16911.44	
City DUBLIN	State NH	Zip Code 03444	Transaction ID : SB17.I127	
Purpose of Disbursement DIRECT MAIL		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:				

Full Name (Last, First, Middle Initial) <b>C. SCM ASSOCIATES INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address P.O. BOX 254			Amount of Each Disbursement this Period 2883.48	
City DUBLIN	State NH	Zip Code 03444	Transaction ID : SB17.I129	
Purpose of Disbursement DIRECT MAIL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25459.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. SCM ASSOCIATES INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014	
Mailing Address P.O. BOX 254			Amount of Each Disbursement this Period 24906.09	
City DUBLIN	State NH	Zip Code 03444	Transaction ID : SB17.I180	
Purpose of Disbursement DIRECT MAIL		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:				

Full Name (Last, First, Middle Initial) <b>B. US BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014	
Mailing Address P.O. BOX 790408			Amount of Each Disbursement this Period 1273.54	
City ST LOUIS	State MO	Zip Code 63179	Transaction ID : SB17.I114	
Purpose of Disbursement CREDIT CARD PAYMENT		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:				

Full Name (Last, First, Middle Initial) <b>C. US BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013	
Mailing Address P.O. BOX 790408			Amount of Each Disbursement this Period 29.00	
City ST LOUIS	State MO	Zip Code 63179	Transaction ID : SB17.I215	
Purpose of Disbursement BANK FEE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	26179.63
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 118	
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. USPS</b>		M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City WASHINGTON State DC Zip Code 20260		5.60
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I222
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. USPS</b>		M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City WASHINGTON State DC Zip Code 20260		5.60
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I223
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. USPS</b>		M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City WASHINGTON State DC Zip Code 20260		11.25
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I224
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. USPS</b>		M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City WASHINGTON State DC Zip Code 20260		5.60
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I225
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. USPS</b>		M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City WASHINGTON State DC Zip Code 20260		5.60
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I226
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. USPS</b>		M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City WASHINGTON State DC Zip Code 20260		5.60
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I227
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement
Mailing Address 475 L'ENFANT PLAZA SW		M M / D D / Y Y Y Y 11 / 05 / 2013
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 8.90
Category/Type		
Office Sought:	Disbursement For:	Transaction ID : SB17.I228
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement
Mailing Address 475 L'ENFANT PLAZA SW		M M / D D / Y Y Y Y 11 / 07 / 2013
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 5.60
Category/Type		
Office Sought:	Disbursement For:	Transaction ID : SB17.I229
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement
Mailing Address 475 L'ENFANT PLAZA SW		M M / D D / Y Y Y Y 11 / 08 / 2013
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 5.96
Category/Type		
Office Sought:	Disbursement For:	Transaction ID : SB17.I230
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 118	
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. <b>USPS</b>		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City WASHINGTON State DC Zip Code 20260		<input type="text" value="5.60"/>
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I231
Candidate Name		[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. <b>USPS</b>		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City WASHINGTON State DC Zip Code 20260		<input type="text" value="12.45"/>
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I232
Candidate Name		[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. <b>USPS</b>		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City WASHINGTON State DC Zip Code 20260		<input type="text" value="6.19"/>
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I233
Candidate Name		[MEMO ITEM]
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 19 / 2013

Amount of Each Disbursement this Period: 5.60

Transaction ID : SB17.I234

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 21 / 2013

Amount of Each Disbursement this Period: 5.60

Transaction ID : SB17.I235

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 25 / 2013

Amount of Each Disbursement this Period: 6.85

Transaction ID : SB17.I236

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

**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 107 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 26 / 2013

Amount of Each Disbursement this Period: 5.60

Transaction ID : SB17.I237

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 29 / 2013

Amount of Each Disbursement this Period: 5.60

Transaction ID : SB17.I238

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 04 / 2013

Amount of Each Disbursement this Period: 5.60

Transaction ID : SB17.I239

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

**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 108 OF 118	
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 925.60
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I240
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 6.85
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I241
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 5.64
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I242
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 118	
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. USPS</b>		M M / D D / Y Y Y Y 12 / 19 / 2013	
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period	
City WASHINGTON State DC Zip Code 20260		7383.95	
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I243	
Candidate Name		[MEMO ITEM]	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. VERIZON</b>		M M / D D / Y Y Y Y 11 / 22 / 2013	
Mailing Address 1095 AVENUE OF THE AMERICAS		Amount of Each Disbursement this Period	
City NEW YORK State NY Zip Code 10036		96.64	
Purpose of Disbursement CELLPHONE		Transaction ID : SB17.I259	
Candidate Name		[MEMO ITEM]	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. US BANK</b>		M M / D D / Y Y Y Y 02 / 06 / 2014	
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period	
City ST LOUIS State MO Zip Code 63179		7383.95	
Purpose of Disbursement CREDIT CARD PAYMENT		Transaction ID : SB17.I121	
Candidate Name		[MEMO ITEM]	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7383.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

**A. BEST BUY**

Full Name (Last, First, Middle Initial)  
Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 125.37

Transaction ID : SB17.I211

[MEMO ITEM]

**B. OFFICE MAX**

Full Name (Last, First, Middle Initial)  
Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 552.77

Transaction ID : SB17.I216

[MEMO ITEM]

**C. PALAZZO STADIUM CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 3325 S LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 17 / 2014

Amount of Each Disbursement this Period: 3972.38

Transaction ID : SB17.I217

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

**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 111 OF 118	
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PATRICK MCGOVERN'S</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013	
Mailing Address 225 7TH STREET WEST			Amount of Each Disbursement this Period 640.85	
City ST. PAUL	State MN	Zip Code 55102	Transaction ID : SB17.I218	
Purpose of Disbursement EVENT CATERING		Category/ Type	[MEMO ITEM]	
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:				

Full Name (Last, First, Middle Initial) <b>B. SUN COUNTRY</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014	
Mailing Address 1300 MENDOTA HEIGHTS ROAD			Amount of Each Disbursement this Period 669.00	
City MENDOTA HEIGHTS	State MN	Zip Code 55120	Transaction ID : SB17.I220	
Purpose of Disbursement TRAVEL		Category/ Type	[MEMO ITEM]	
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:				

Full Name (Last, First, Middle Initial) <b>C. US BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014	
Mailing Address P.O. BOX 790408			Amount of Each Disbursement this Period 39.00	
City ST LOUIS	State MO	Zip Code 63179	Transaction ID : SB17.I214	
Purpose of Disbursement BANK FEE		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. USPS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>24</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		24		2013
M M	/	D D	/	Y Y Y Y								
12		24		2013								
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WASHINGTON</td> <td>DC</td> <td>20260</td> </tr> </table>		City	State	Zip Code	WASHINGTON	DC	20260	<table border="1"> <tr> <td>6.06</td> </tr> </table>	6.06			
City	State	Zip Code										
WASHINGTON	DC	20260										
6.06												
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I244										
Candidate Name		[MEMO ITEM]										
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. USPS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>30</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		30		2013
M M	/	D D	/	Y Y Y Y								
12		30		2013								
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WASHINGTON</td> <td>DC</td> <td>20260</td> </tr> </table>		City	State	Zip Code	WASHINGTON	DC	20260	<table border="1"> <tr> <td>5.60</td> </tr> </table>	5.60			
City	State	Zip Code										
WASHINGTON	DC	20260										
5.60												
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I245										
Candidate Name		[MEMO ITEM]										
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. USPS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		31		2013
M M	/	D D	/	Y Y Y Y								
12		31		2013								
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WASHINGTON</td> <td>DC</td> <td>20260</td> </tr> </table>		City	State	Zip Code	WASHINGTON	DC	20260	<table border="1"> <tr> <td>5.60</td> </tr> </table>	5.60			
City	State	Zip Code										
WASHINGTON	DC	20260										
5.60												
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I246										
Candidate Name		[MEMO ITEM]										
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. USPS</b>		<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement POSTAGE	<input type="text"/>	<input type="text" value="5.60"/>
Candidate Name	Category/ Type	<b>Transaction ID : SB17.I247</b>
Office Sought:	Disbursement For:	<b>[MEMO ITEM]</b>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. USPS</b>		<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement POSTAGE	<input type="text"/>	<input type="text" value="5.60"/>
Candidate Name	Category/ Type	<b>Transaction ID : SB17.I248</b>
Office Sought:	Disbursement For:	<b>[MEMO ITEM]</b>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. USPS</b>		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement POSTAGE	<input type="text"/>	<input type="text" value="235.60"/>
Candidate Name	Category/ Type	<b>Transaction ID : SB17.I249</b>
Office Sought:	Disbursement For:	<b>[MEMO ITEM]</b>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. USPS</b>		M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City WASHINGTON State DC Zip Code 20260		3.60
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I250
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. USPS</b>		M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City WASHINGTON State DC Zip Code 20260		16.25
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I251
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. USPS</b>		M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City WASHINGTON State DC Zip Code 20260		5.60
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I252
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. USPS</b>		M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement POSTAGE	Category/ Type	59.84
Candidate Name	Transaction ID : SB17.I253	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. USPS</b>		M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement POSTAGE	Category/ Type	6.91
Candidate Name	Transaction ID : SB17.I254	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. USPS</b>		M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement POSTAGE	Category/ Type	495.60
Candidate Name	Transaction ID : SB17.I255	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 118			
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 11.20
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I256
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VENETIAN PALAZZO</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 3355 S LAS VEGAS BLVD		Amount of Each Disbursement this Period 334.88
City LAS VEGAS	State NV	
Zip Code 89109	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I258
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 1095 AVENUE OF THE AMERICAS		Amount of Each Disbursement this Period 96.64
City NEW YORK	State NY	
Zip Code 10036	Purpose of Disbursement CELLPHONE	Transaction ID : SB17.I260
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 118	
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 1095 AVENUE OF THE AMERICAS		Amount of Each Disbursement this Period 90.00
City NEW YORK State NY Zip Code 10036	Purpose of Disbursement CELLPHONE	
Candidate Name	Category/Type	Transaction ID : SB17.I261  [MEMO ITEM]
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:	

Full Name (Last, First, Middle Initial) <b>B. US BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 307.16
City ST LOUIS State MO Zip Code 63179	Purpose of Disbursement CREDIT CARD PAYMENT	
Candidate Name	Category/Type	Transaction ID : SB17.I128  [MEMO ITEM]
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:	

Full Name (Last, First, Middle Initial) <b>C. BEST BUY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 7601 PENN AVE S		Amount of Each Disbursement this Period 184.90
City RICHFIELD State MN Zip Code 55423	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.I212  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	307.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 118	
	<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)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 05 / 2014</b>
Mailing Address <b>475 L'ENFANT PLAZA SW</b>		Amount of Each Disbursement this Period <b>5.60</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20260</b>	Purpose of Disbursement <b>POSTAGE</b>	<b>Transaction ID : SB17.I257</b>
Candidate Name	Category/Type	
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US BANK</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 14 / 2014</b>
Mailing Address <b>P.O. BOX 790408</b>		Amount of Each Disbursement this Period <b>30.50</b>
City <b>ST LOUIS</b>	State <b>MO</b>	
Zip Code <b>63179</b>	Purpose of Disbursement <b>BANK FEE</b>	<b>Transaction ID : SB17.I130</b>
Candidate Name	Category/Type	
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:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>30.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>162045.00</b>