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FE5AN018

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF THE SENATE

14 MAY 23 PM 2:01

PONIVI 3	For An	Authorized Con	nmittee		,	Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRI		xample: If typing, to	ype	12FE4M5		
Larry Rhoden for US S	enate						
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			1	1.1.1			
ADDRESS (number and street)	16865 St Hig	hway 34	<u> </u>	111			ليب
V		<u> </u>			<u>L., I., I., I., I., I</u>		أحليا
Check if different than previously reported. (ACC)	Union Cente	r 			SD 57	787	
2. FEC IDENTIFICATION NU	JMBER ▼	CITY			STATE A	ZIP CODE A	ISTRICT
C C00547687		3. IS THIS REPORT	× NEW (N) (OR	AMENDEI (A)	İ	لـــا
1. TYPE OF REPORT (Cho	oose One)	1	· •				
(a) Quarterly Reports:	,	(b) 12-Day PR I	E-Election Report f	or the:			
April 15 Quarterly F	leport (Q1)	×	Primary (12P)		General (120	G) Runof	(12R)
July 15 Quarterly R			Convention (120	;)	Special (12S	6)	
October 15 Quarter		Election or	ne.	03 ^D	ž014	in the State of	SD
January 31 Year-En	d Report (YE)	(c) 30-Day PO	ST-Election Report	for the:		· • •	
			General (30G)		Runoff (30R)	Specia	ıl (30S)
Termination Report	(TER)	Election or	M E		Y	in the State of	
i. Covering Period ^M 04	M / D D	Ž014	through	м м 05	D D 14	y y 2014	
certify that I have examined thi	s Report and	to the best of my k	nowledge and beli	efitis tru	e, correct and c	complete.	
ype or Print Name of Treasurer		Meteleve	on 1	- 4	iurer		
Signature of Treasurer	Sul	Serson.	Lasein	2_Da	ate 05	19'20	14
IOTE: Submission of false, errone	ous, or incomp	lete information may	subject the person	signing th	nis Report to the	penalties of 2 U.S.C.	§437g.
Office Use						FEC FORM 3	3

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 28

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Larry Rhoden for US Senate

Report Covering the Period:

From:

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2014

To:

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		COLUMN A This Period			COLUMN B Election Cycle-to-Date			
6.	Net Contributions	(other than loans)						
	(a) Total Contrib (other than le	utions pans) (from Line 11(e))	,	7	19843.82	7	7	136121.82
	(b) Total Contrib (from Line 20	ution Refunds 9(d))	3	,	0.00	,	3	0.00
	• •	tions (other than loans) e 6(b) from Line 6(a))	,	,	19843.82	,	,	136121.82
' .	Net Operating Ex	penditures						
	(a) Total Operati	ng Expenditures ?)	,		50959.28	,	ץ	89139.34
	• •	to Operating (from Line 14)	,	,	0.00	1	,	0.00
		g Expenditures e 7(b) from Line 7(a))	,	,	50959.28	,	,	89139.34
٠.	Cash on Hand at Reporting Period		5	,	48491.98			
١,	Debts and Obligathe Committee (M	emize all on	3	,	0.00			
0.	Debts and Obligathe Committee (If Schedule C and/	emize all on	,	,	6356.37			

For further information contact:

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

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

FE5AN018

DETAILED SUMMARY PAGE

of Receipts

PAGE 3 / 28

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Larry Rhoden for US Senate

Report Covering the Period:

From:

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2014

To:

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у у 2014

| I. RECEIPTS |            | COLUMN A<br>Total This Period                                                 |          |   | COLUMN B Election Cycle-to-Date |   |   |              |
|-------------|------------|-------------------------------------------------------------------------------|----------|---|---------------------------------|---|---|--------------|
| 11.         | cor        | NTRIBUTIONS (other than loans) FROM:                                          |          |   |                                 |   |   |              |
|             | (a)        | Individuals/Persons Other Than<br>Political Committees                        |          |   |                                 |   |   |              |
|             |            | (i) Itemized (use Schedule A)                                                 | ,        | 3 | 15708.82                        | 7 | , | 113541.82    |
|             |            | (ii) Uniternized(iii) TOTAL of contributions                                  |          | , | 4135.00                         | 3 | 5 | 21530.00     |
|             |            | from individuals .                                                            | ,        | , | 19843.82                        | 3 | , | 135071.82    |
|             | (b)        | Political Party Committees Other Political Committees                         | ,        | 1 | 0.00                            | 3 | , | <b>0</b> .00 |
|             | (-)        | (such as PACs)                                                                | ,        | , | 0.00                            | 7 | , | 1050.00      |
|             | (d)<br>(e) | The Candidate TOTAL CONTRIBUTIONS (other than loans)                          | ,        | , | 0.00                            | 3 | , | 0.00         |
|             |            | (add Lines 11(a)(iii), (b), (c), and (d))                                     | ,        | , | 19843.82                        | , | , | 136121.82    |
| 2.          |            | NSFERS FROM OTHER HORIZED COMMITTEES                                          | ,        | , | 0.00                            | , | 3 | ō.00         |
| 3.          | LOA        | NS:                                                                           |          |   |                                 |   |   |              |
|             | (a)        | Made or Guaranteed by the Candidate                                           | 7        | , | 1509.50                         | 3 | , | 1509.50      |
|             |            | All Other Loans TOTAL LOANS                                                   |          | , | 0.00                            | , | , | 0.00         |
|             |            | (add Lines 13(a) and (b))                                                     | 5        | , | 1509.50                         | 5 | , | 1509.50      |
| 4.          |            | SETS TO OPERATING<br>ENDITURES                                                |          |   |                                 |   |   |              |
|             | (Refu      | unds, Rebates, etc.)                                                          | <b>†</b> | • | 0.00                            | , | 3 | 0.00         |
| 5.          |            | IER RECEIPTS dends, Interest, etc.)                                           | 5        | , | 0.00                            | , | , | 0.00         |
| 3.          | 11(e)      | AL RECEIPTS (add Lines ), 12, 13(c), 14, and 15) ry Total to Line 24, page 4) | ,        | - | 21353.32                        | · | • | 137631.32    |

14020400652

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 28

| II. DISBURSEMENTS |                                                                                        | COLUMN A<br>Total This Period |   |          | COLUMN B Election Cycle-to-Date |          |          |  |  |
|-------------------|----------------------------------------------------------------------------------------|-------------------------------|---|----------|---------------------------------|----------|----------|--|--|
| 17.               | OPERATING EXPENDITURES                                                                 | <del>3</del>                  | 7 | 50959.28 | 5                               | ,        | 89139.34 |  |  |
| 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<br>(c) TOTAL LOAN REPAYMENTS                                    | ,                             | , | 0.00     | 3                               | ,        | 0.00     |  |  |
|                   | (add Lines 19(a) and (b))                                                              | 7                             | , | 0.00     | ,                               | ,        | 0.00     |  |  |
| 20.               | REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other  Than Political Committees | 5                             |   | 0.00     | ,                               | ;        | 0.00     |  |  |
|                   | (b) Political Party Committees                                                         | ,                             | 5 | 0.00     | ,                               | ,        | 0.00     |  |  |
|                   | (c) Other Political Committees (such as PACs)                                          | ,                             |   | 0.00     | ,                               |          | 0.00     |  |  |
|                   | (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))                         | ,                             | , | 0.00     | ,                               | <b>5</b> | 0.00     |  |  |
| <u></u><br>21.    | OTHER DISBURSEMENTS                                                                    | 3                             | 5 | 0.00     | ,                               | ,        | 0.00     |  |  |
| 22.               | TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)                           | ,                             | , | 50959.28 | ,                               | 3        | 89139.34 |  |  |
|                   | III. CASH SUMI                                                                         | MARY                          |   |          |                                 |          |          |  |  |
| 23.               | CASH ON HAND AT BEGINNING OF REPORTIN                                                  | NG PERIOD                     |   |          | ,                               | 3        | 78097.94 |  |  |
| 24                | TOTAL RECEIPTS THIS PERIOD (from Line 16,                                              | page 3)                       |   |          | ,                               | ,        | 21353.32 |  |  |
| 25.               | SUBTOTAL (add Line 23 and Line 24)                                                     |                               |   |          | ,                               | 3        | 99451.26 |  |  |
| 26.               | TOTAL DISBURSEMENTS THIS PERIOD (from L                                                | .ine 22)                      |   |          | ,                               | ,        | 50959.28 |  |  |
| 27.               | CASH ON HAND AT CLOSE OF REPORTING PI<br>(subtract Line 26 from Line 25)               | ERIOD                         |   |          | ,                               | ,        | 48491.98 |  |  |



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# SCHEDULE A (FEC Form 3) Use separate schedule(s) for each category of the

| FOR LINE    | NUMBER: | PAGE | 5    | OF   | 28 |
|-------------|---------|------|------|------|----|
| (check only | one)    |      |      |      |    |
| X 11a       | 11b     | 11c  | 11   | ld _ |    |
| 12          | 13a     | 13b  | 1 14 | : F  | 15 |

|                              | RECEIPTS                                                               |                          | Detailed Sumi                          | nary Page                        | $\Box\Box$ | 11a<br>12 |             | 11b<br>13a      |           | 11c<br>13b           | 11d                  | 15                 |
|------------------------------|------------------------------------------------------------------------|--------------------------|----------------------------------------|----------------------------------|------------|-----------|-------------|-----------------|-----------|----------------------|----------------------|--------------------|
| Any information or for comme | on copied from such Reports and<br>rcial purposes, other than using th | Statements me name and a | nay not be sold o<br>address of any pe | r used by any political committe | erson f    | for the   | pu<br>ontri | rpose<br>ibutio | of<br>nsf | solicitir<br>from su | ig contri<br>ch comi | butions<br>nittee. |
|                              | COMMITTEE (In Full) hoden for US Senate                                |                          |                                        |                                  |            |           |             |                 |           |                      |                      | j                  |
| ▲ Robert                     |                                                                        |                          |                                        |                                  | D          | ate of    | Red         | ceipt           |           |                      |                      | ·                  |
|                              | dress 16949 Haydraw Rd                                                 |                          |                                        |                                  | - 1        | м м<br>05 |             | ā               | 8         | y                    | у у<br>2014          | Y                  |
| City<br>New Unde             | rwood                                                                  | State<br>SD              | Zip Code<br>57761                      |                                  | Trai       | nsacti    | on I        | ID : S.         | <u> </u>  | AI.495               | 5                    |                    |
|                              | mber of contributing itical committee.                                 | С                        |                                        |                                  | Ar         | mount     | of I        | Each            | Rec       | ceipt thi            | is Period            |                    |
| Name of E<br>Self            | mployer                                                                | Occupation<br>Rancher    | 1                                      | * 1 * 11                         |            |           |             | ,               |           | ,                    | 400                  | 0.00               |
| Receipt Fo                   |                                                                        | Election Cy              | ycle-to-Date                           | 780.00                           |            |           |             |                 |           |                      |                      |                    |
| Full Name<br>Ed Blair        | (Last, First, Middle Initial)                                          | , .                      |                                        |                                  | Da         | ate of    | Rec         | ceipt           |           |                      |                      |                    |
|                              | dress 11599 Bear Butte Rd                                              |                          |                                        |                                  | ,          | и м<br>05 |             | D<br>O:         | о<br>8    |                      | y y<br>2014          | Y                  |
| City<br>Vale                 |                                                                        | State<br>SD              | Zip Code<br>57788                      |                                  | Tran       | sacti     | on II       | D : S/          | A11       | AI.4946              | i                    |                    |
|                              | nber of contributing tical committee.                                  | С                        |                                        |                                  | Ar         | mount     | of          | Each            | Rec       | ceipt th             | is Period            |                    |
| Name of E<br>Self            | mployer                                                                | Occupation<br>Rancher    | i                                      |                                  |            |           |             | <b>3</b>        |           | ,                    | 250                  | ).00               |
| Receipt Fo                   |                                                                        | Election Cy              | /cle-to-Date                           | 250.00                           |            |           |             |                 |           |                      |                      |                    |
| Floyd C                      | (Last, First, Middle Initial)<br>Cammack                               |                          |                                        |                                  | Da         | ate of    | Rec         | ceipt           |           |                      |                      |                    |
|                              | dress 17027 Oldstoneville Rd                                           |                          |                                        |                                  | ^          | 4 м<br>05 |             | 0               | ъ<br>8    |                      | ү ү<br>2014          | Y                  |
| City<br>Stoneville           |                                                                        | State<br>SD              | Zip Code<br>57787                      |                                  | Trai       | nsacti    | ion (       | ID : S          | A11       | Al.4960              | )                    |                    |
|                              | nber of contributing<br>tical committee.                               | С                        |                                        |                                  | Ar         | nount     | of i        | Each            | Rec       | ceipt thi            | s Period             | i                  |
| Name of E                    | mployer                                                                | Occupation<br>Rancher    |                                        |                                  | 1          |           | !           | ,               |           | ,                    | 200                  | 0.00               |
| Receipt For                  |                                                                        | Election Cy              | /cle-to-Date                           |                                  | 7          |           |             |                 |           |                      |                      |                    |
| <u> </u>                     | (specify)                                                              |                          | , ,                                    | 500.00                           |            |           |             |                 |           |                      |                      |                    |
| SUBTOTAL of                  | of Receipts This Page (optional)                                       |                          |                                        |                                  |            |           | ,           | ,               |           | ,                    | 850                  | .00                |
| TOTAL This I                 | Period (last page this line number of                                  | only)                    |                                        |                                  |            |           | ,           | ,               |           | ,                    |                      |                    |

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## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 6 OF 28 (check only one)    X   11a                                           |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| may not be sold or used by any address of any political committed             | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
|                                                                               |                                                                                                     |
| Zip Code<br>57787                                                             | Date of Receipt  M M D D / Y Y Y  05 08 2014  Transaction ID : SA11Al.4947                          |
| on                                                                            | Amount of Each Receipt this Period  500.00                                                          |
| Cycle-to-Date                                                                 |                                                                                                     |
| Zip Code                                                                      | Date of Receipt  M M D D / Y Y Y Y Y O4 O4 2014  Transaction iD : SA11AI.4912                       |
| 57790                                                                         | Amount of Each Receipt this Period                                                                  |
| on                                                                            | 500.00                                                                                              |
| Cycle-to-Date 500.00                                                          |                                                                                                     |
| Zip Code                                                                      | Date of Receipt  M M D / Y Y Y  05 05 2014                                                          |
| 57702                                                                         | Transaction ID : SA11AI.5011                                                                        |
| on<br>Cycle to Dete                                                           | Amount of Each Receipt this Period  698.50                                                          |
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| 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<br>11c | OF      | 28  |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|------------|----------|---------|-----|
| Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar | s may not be sold or used by any<br>nd address of any political committ | person for the purpose of         | solicitina | cont     | ributio | ons |
| NAME OF COMMITTEE (In Full)  Larry Rhoden for US Senate                                                          |                                                                         |                                   | -          |          |         |     |

| / Larry Rhoden for US Senate                               |                           |             |                                                |
|------------------------------------------------------------|---------------------------|-------------|------------------------------------------------|
| Full Name (Last, First, Middle Initial) Robert Fischer     |                           |             | Date of Bassian                                |
| Mailing Address 4275 Sturgis Rd                            |                           |             | Date of Receipt  M M D D / Y Y Y Y  05 05 2014 |
| City                                                       | State Zip Code            |             | <b>— — — — — — — — — —</b>                     |
| Rapid City                                                 | SD 57702                  |             | Transaction ID : SA11AI.5012                   |
| FEC ID number of contributing federal political committee. | С                         |             | Amount of Each Receipt this Period             |
| Name of Employer                                           | Occupation                |             | 195.32                                         |
| Fischer Furniture                                          | Owner                     |             |                                                |
| Receipt For: Primary General Other (specify)               | Election Cycle-to-Date    | 1143.82     |                                                |
| Full Name (Last, First, Middle Initial)  David Gillen      |                           | -           | Date of Receipt                                |
| Mailing Address 25670 372nd Ave                            |                           |             | мм рр/уу<br>04 15 2014                         |
| City                                                       | State Zip Code            |             |                                                |
| White Lake                                                 | SD 57383                  |             | Transaction ID : SA11AI.4917                   |
| FEC ID number of contributing federal political committee. | С                         |             | Amount of Each Receipt this Period             |
| Nome of Events on                                          |                           |             | 1000.00                                        |
| Name of Employer<br>Self                                   | Occupation Info Requested |             | , , , ,                                        |
| Receipt For: Primary General Other (specify)               | Election Cycle-to-Date    | 1000.00     |                                                |
|                                                            | , ,                       |             |                                                |
| Full Name (Last, First, Middle Initial) Vicki Hahn         |                           |             | Date of Receipt                                |
| Mailing Address PO Box 274                                 |                           |             | M M D / Y Y V 04 03 2014                       |
| City                                                       | State Zip Code            |             |                                                |
| Bison                                                      | SD 57620                  |             | Transaction ID : SA11AI.4914                   |
| FEC ID number of contributing federal political committee. | С                         |             | Amount of Each Receipt this Period             |
| Name of Employer                                           | Occupation                | <del></del> | 250.00                                         |
| Phil's Paint 'N' Body                                      | Owner                     |             | 3 3                                            |
| Receipt For: Primary General                               | Election Cycle-to-Date    |             |                                                |
| Other (specify)                                            | ,                         | 250.00      |                                                |
| UBTOTAL of Receipts This Page (optional).                  |                           |             | 1445.32                                        |
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| SCHEDULE A   | (FEC  | Form | 3) |
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| ITEMIZED REC | EIPTS | }    |    |

FOR LINE NUMBER: PAGE 8 OF 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 110 11d **Detailed Summary Page** 13b 14 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) Larry Rhoden for US Senate Full Name (Last, First, Middle Initial) Gary Hausman Date of Receipt Mailing Address 20808 Oak Ridge rd City State Zip Code Transaction ID: SA11AI.4940 SD 57785 Sturgis FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Till's Material Mechanic Receipt For: Election Cycle-to-Date Primary General 1000.00 Other (specify) , Full Name (Last, First, Middle Initial) Lori Hausman Date of Receipt Mailing Address 20808 Oak Ridge rd 08 2014 City State Zip Code Transaction ID: SA11AI.5006 Sturgis SD 57785 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 115.00 Name of Employer Occupation Homemaker Homemaker Receipt For: Election Cycle-to-Date Primary General 290.00 Other (specify) 5 Full Name (Last, First, Middle Initial) Brent Hoffman Date of Receipt Mailing Address Box 65 08 2014 City State Zip Code Transaction ID: SA11Al.5003 White Owl SD 57792 FEC ID number of contributing C federal political committee. Amount of Each Receipt this Period Name of Employer 210.00 Occupation Self Self Employed Receipt For: Election Cycle-to-Date Primary General Other (specify) 410.00 5 1325.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| ITEMIZED RECEIPTS                                          | Detailed Summary Page           | X   11a   11b   11c   11d   12   13a   13b   14   15  |
|------------------------------------------------------------|---------------------------------|-------------------------------------------------------|
| Any information copied from such Reports and Statements    | may not be sold or used by ar   | ny person for the purpose of soliciting contributions |
| or for commercial purposes, other than using the name an   | d address of any political comm | ittee to solicit contributions from such committee.   |
| NAME OF COMMITTEE (In Full)  Larry Rhoden for US Senate    |                                 |                                                       |
| Full Name (Last, First, Middle Initial)  Jim Hunt  A.      |                                 | Date of Receipt                                       |
| Mailing Address PO Box 98                                  |                                 | мм в в / у у у<br>05 08 2014                          |
| City State Faith SD                                        | Zip Code<br>57626               | Transaction ID : SA11AI.4957                          |
| FEC ID number of contributing federal political committee. |                                 | Amount of Each Receipt this Period                    |
| Name of Employer Occupat Self Rancher                      |                                 | 370.00                                                |
| Receipt For: Primary General Other (specify)               | Cycle-to-Date 370.00            |                                                       |
| Full Name (Last, First, Middle Initial)  Joni Hunt         |                                 | Date of Receipt                                       |
| Mailing Address PO Box 98                                  |                                 | M M D D Y Y Y O O O O O O O O O O O O O O O           |
| City State Faith SD                                        | Zip Code<br>57626               | Transaction ID : SA11AI.5004                          |
| FEC ID number of contributing federal political committee. |                                 | Amount of Each Receipt this Period                    |
| Name of Employer Occupat Self Rancher                      | ion                             | 50.00                                                 |
| Receipt For: Primary General Other (specify)               | Cycle-to-Date 205.00            |                                                       |
| Full Name (Last, First, Middle Initial)  Jodee Ingalls     |                                 | Date of Receipt                                       |
| Mailing Address 17150 US Highway 212                       |                                 | M M D / Y Y Y O4 20 2014                              |
| City State Faith SD                                        | Zip Code<br>57626               | Transaction ID : SA11Al.4925                          |
| FEC ID number of contributing federal political committee. |                                 | Amount of Each Receipt this Period                    |
| Name of Employer Occupati Homemaker Homema                 |                                 | 500.00                                                |
| 5                                                          | Cycle-to-Date                   |                                                       |
| Primary General Other (specify)                            | 1000.00                         |                                                       |
| SUBTOTAL of Receipts This Page (optional)                  |                                 | 920.00                                                |
| TOTAL This Period (last page this line number only)        |                                 | , ,                                                   |

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## SCHEDULE A (FEC Form 3) ITEMIZED DECEIDTE

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FOR LINE NUMBER: PAGE 10 OF 28 Use separate schedule(s) for each category of the (check only one)

| HEMIZED RECEIPTS                                                                              | Detailed Summary Page                                                                     | 11a   11b   11c   11d   12   13a   13b   14   15                                                     |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any ne name and address of any political committee. | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  Larry Rhoden for US Senate                                       |                                                                                           |                                                                                                      |
| Full Name (Last, First, Middle Initial) Ryan Maher                                            |                                                                                           | Data of Passint                                                                                      |
| Mailing Address PO Box 237                                                                    |                                                                                           | Date of Receipt  M M D D 7 Y Y  05 13 2014                                                           |
| City<br>Isabel                                                                                | State Zip Code<br>SD 57633                                                                | Transaction ID : SA11AI.5226                                                                         |
| FEC ID number of contributing federal political committee.                                    | С                                                                                         | Amount of Each Receipt this Period                                                                   |
| Name of Employer<br>Self                                                                      | Occupation<br>Self                                                                        | 250,000<br>In-kind -                                                                                 |
| Receipt For: 2014    Xi Primary                                                               | Election Cycle-to-Date 750.00                                                             |                                                                                                      |
| Full Name (Last, First, Middle Initial)  Merv Mewes                                           |                                                                                           | Date of Receipt                                                                                      |
| Mailing Address 324 3rd St SW                                                                 |                                                                                           | M M D D Y Y Y O4 28 2014                                                                             |
| City<br>Highmore                                                                              | State Zip Code<br>SD 57345                                                                | Transaction ID : SA11Al.5010                                                                         |
| FEC ID number of contributing federal political committee.                                    | С                                                                                         | Amount of Each Receipt this Period                                                                   |
| Name of Employer<br>Retired                                                                   | Occupation Retired                                                                        | , 250.00                                                                                             |
| Receipt For: Primary General Other (specify)                                                  | Election Cycle-to-Date 250.00                                                             |                                                                                                      |
| Full Name (Last, First, Middle Initial)  Bernice Murphey                                      |                                                                                           | Date of Receipt                                                                                      |
| Mailing Address 1835 Junction Ave                                                             |                                                                                           | мм/ор уу<br>04 24 2014                                                                               |
| City<br>Sturgis                                                                               | State Zip Code<br>SD 57785                                                                | Transaction ID : SA11AI.4973                                                                         |
| FEC ID number of contributing federal political committee.                                    | С                                                                                         | Amount of Each Receipt this Period                                                                   |
| Name of Employer<br>Retired                                                                   | Occupation Retired                                                                        | 250.00                                                                                               |
| Receipt For: Primary General Other (specify)                                                  | Election Cycle-to-Date 450.00                                                             |                                                                                                      |
| SUBTOTAL of Receipts This Page (optional)                                                     |                                                                                           | 750.00                                                                                               |
| TOTAL This Period (last page this line number of                                              | only)                                                                                     | , ,                                                                                                  |

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# SCHEDULE A (FEC Form 3)

PAGE 11 OF FOR LINE NUMBER: Use separate schedule(s) (check only one)

| ITEMIZED RECEIPTS                                                                       |                                                           | category of the<br>Summary Page              | X 11a 11b 11c 11d 11d 12 13a 13b 14 11                                                               | 5        |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------|----------|
| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements may not be s<br>g the name and address of a | sold or used by any<br>any political committ | person for the purpose of soliciting contributions see to solicit contributions from such committee. |          |
| NAME OF COMMITTEE (In Full) Larry Rhoden for US Senate                                  |                                                           |                                              |                                                                                                      |          |
| Full Name (Last, First, Middle Initial) David Paul A.                                   |                                                           |                                              | Date of Receipt                                                                                      | _        |
| Mailing Address 16827 Old 212                                                           |                                                           |                                              | M M ' D D Y Y Y Y Y O5 08 2014                                                                       |          |
| City<br>Mud Butte                                                                       | State Zip Co<br>SD 57758                                  |                                              | Transaction ID : SA11AI.4942                                                                         |          |
| FEC ID number of contributing federal political committee.                              | С                                                         |                                              | Amount of Each Receipt this Period                                                                   |          |
| Name of Employer<br>Self                                                                | Occupation<br>Rancher                                     |                                              | , , , ,                                                                                              |          |
| Receipt For: Primary General Other (specify)                                            | Election Cycle-to-Date                                    | 1100.00                                      |                                                                                                      |          |
| Full Name (Last, First, Middle Initial)  B. Janet Paul                                  |                                                           |                                              | Date of Receipt                                                                                      |          |
| Mailing Address 16827 Old 212                                                           |                                                           |                                              | M M D D Y Y Y 05 08 2014                                                                             |          |
| City<br>Mud Butte                                                                       | State Zip Co<br>SD 57758                                  |                                              | Transaction ID : SA11AI.4959                                                                         |          |
| FEC ID number of contributing federal political committee.                              | С                                                         |                                              | Amount of Each Receipt this Period                                                                   |          |
| Name of Employer<br>Self                                                                | Occupation<br>Rancher                                     |                                              | , , , 205.00                                                                                         |          |
| Receipt For: Primary General Other (specify)                                            | Election Cycle-to-Date                                    | 205.00                                       |                                                                                                      |          |
| Full Name (Last, First, Middle Initial) Casey Philips                                   |                                                           | ·····                                        | Date of Receipt                                                                                      |          |
| Mailing Address 16453 Hope Rd                                                           |                                                           |                                              | м м д р / у у у<br>05 05 2014                                                                        |          |
| City<br>New Underwood                                                                   | State Zip Cod<br>SD 57761                                 | de                                           | Transaction ID : SA11Al.5241                                                                         | _        |
| FEC ID number of contributing federal political committee.                              | С                                                         |                                              | Amount of Each Receipt this Period                                                                   |          |
| Name of Employer Info Requested                                                         | Occupation Info Requested                                 |                                              | 2600.00<br>In-kind -                                                                                 |          |
| Receipt For: 2014 Primary General Other (specify)                                       | Election Cycle-to-Date                                    | 2600.00                                      |                                                                                                      |          |
| SUBTOTAL of Receipts This Page (optional)                                               |                                                           |                                              | 2905.00                                                                                              | leaster. |
| TOTAL This Period flast page this line numb                                             |                                                           |                                              | , , ,                                                                                                |          |

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| SCHEDULE A (FEC Form 3) |                                                                                                  | Use separate schedule(s) |                                        | FOR LINE NUMBER: PAGE 12 OF 28    |                                                                                                    |
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|                         |                                                                                                  | for each categ           |                                        | (check only one)                  |                                                                                                    |
| П                       | EMIZED RECEIPTS                                                                                  |                          | Detailed Summ                          |                                   | X 11a 11b 11c 11d                                                                                  |
| _                       |                                                                                                  |                          | Octanea Gamin                          | ay age                            | 12 13a 13b 14 15                                                                                   |
| A<br>OI                 | ny information copied from such Reports and S<br>r for commercial purposes, other than using the | Statements me name and a | ay not be sold or<br>address of any po | used by any p<br>litical committe | person for the purpose of soliciting contributions e to solicit contributions from such committee. |
| Ν                       | NAME OF COMMITTEE (In Full)                                                                      |                          |                                        |                                   |                                                                                                    |
| $ \rangle$              | Larry Rhoden for US Senate                                                                       |                          |                                        |                                   |                                                                                                    |
| _                       | Full Name (Last, First, Middle Initial) Sarah Philips                                            |                          |                                        |                                   |                                                                                                    |
| A.                      | Mailing Address 16453 Hope Rd                                                                    | ,                        | <del></del>                            |                                   | Date of Receipt  M M / D B Y Y Y                                                                   |
|                         | City                                                                                             |                          |                                        |                                   | 05 05 2014                                                                                         |
|                         | City                                                                                             | State                    | Zip Code                               |                                   | Transaction ID : SA11AI,5243                                                                       |
|                         | New Underwood                                                                                    | SD                       | 57761                                  |                                   |                                                                                                    |
|                         | FEC ID number of contributing federal political committee.                                       | С                        |                                        |                                   | Amount of Each Receipt this Period                                                                 |
|                         | Name of Employer                                                                                 | Occupation               | · · · · · · · · · · · · · · · · · · ·  |                                   | 2600.00                                                                                            |
|                         | Info Requested                                                                                   | Info Reques              |                                        |                                   | In-kind -                                                                                          |
|                         | Receipt For: 2014                                                                                | <del></del>              |                                        | <del></del>                       |                                                                                                    |
|                         | Primary   General                                                                                | Election Cy              | cle-to-Date                            |                                   |                                                                                                    |
|                         |                                                                                                  |                          |                                        | 2600.00                           |                                                                                                    |
|                         | Other (specify)                                                                                  |                          | , ,                                    | 2000.00                           |                                                                                                    |
| _                       | Full Name (Last, First, Middle Initial) Scott Phillips                                           |                          |                                        | <del></del>                       | Date of Receipt                                                                                    |
| В.                      | Mailing Address 16117 West River View Rd                                                         |                          | <del></del>                            | <del></del>                       | - Date of Receipt                                                                                  |
|                         |                                                                                                  |                          |                                        |                                   | M M D D Y Y Y 05 08 2014                                                                           |
|                         | City                                                                                             | State                    | Zip Code                               |                                   | Transaction ID : SA11AI.4954                                                                       |
|                         | New Underwood                                                                                    | SD                       | 57761                                  |                                   |                                                                                                    |
|                         | FEC ID number of contributing federal political committee.                                       | С                        |                                        |                                   | Amount of Each Receipt this Period                                                                 |
|                         | Name of Employer                                                                                 | Occupation               |                                        | ····                              | 300.00                                                                                             |
|                         | Self                                                                                             |                          |                                        |                                   | ,                                                                                                  |
|                         |                                                                                                  | Rancher                  | · · · · · · · · · · · · · · · · · · ·  |                                   | _                                                                                                  |
|                         | Receipt For:                                                                                     | Election Cy              | cle-to-Date                            |                                   |                                                                                                    |
|                         | Primary General                                                                                  |                          |                                        | .=                                |                                                                                                    |
|                         | Other (specify)                                                                                  |                          | , ,                                    | 1740.00                           |                                                                                                    |
|                         |                                                                                                  |                          |                                        |                                   |                                                                                                    |
|                         | Full Name (Last, First, Middle Initial)                                                          |                          |                                        |                                   |                                                                                                    |
| C.                      | Larry Rhoden                                                                                     |                          |                                        |                                   | Date of Receipt                                                                                    |
|                         | Mailing Address PO Box 12                                                                        |                          |                                        |                                   | M M d d M M                                                                                        |
|                         | O.L.                                                                                             |                          |                                        |                                   | 05 08 2014                                                                                         |
|                         | City<br>Union Center                                                                             | State<br>SD              | Zip Code<br>57787                      |                                   | Transaction ID : SA11AI.4989                                                                       |
|                         | FEC ID number of contributing                                                                    |                          |                                        |                                   | 7                                                                                                  |
|                         | federal political committee.                                                                     | С                        |                                        |                                   | Amount of Each Receipt this Period                                                                 |
|                         | Name of Employer                                                                                 | Occupation               |                                        |                                   | 105.00                                                                                             |
|                         | Self                                                                                             | Rancher                  |                                        |                                   | 3 9                                                                                                |
|                         | Receipt For:                                                                                     | Election Cyc             | alo to Deta                            |                                   | 4                                                                                                  |
|                         | Primary General                                                                                  | Election Gy(             | Me-in-Date                             |                                   |                                                                                                    |
|                         | Other (specify)                                                                                  |                          |                                        | 30E 00                            |                                                                                                    |
|                         | Cities (specify)                                                                                 | ,                        | , ,                                    | 305.00                            |                                                                                                    |
|                         |                                                                                                  | ·                        | <u> </u>                               |                                   |                                                                                                    |
|                         |                                                                                                  |                          |                                        |                                   |                                                                                                    |
| SI                      | UBTOTAL of Receipts This Page (optional)                                                         |                          |                                        |                                   | 3005.00                                                                                            |
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| ITEMIZED | REC | EIPTS | 3    |    |

| SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS                                                    |                                      | Use separate s<br>for each catego<br>Detailed Summ | ory of the    | FOR LINE NUMBER: PAGE 13 OF 28 (check only one)    X   11a                                         |
|---------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------|
| Any information copied from such Reports and or for commercial purposes, other than using   | d Statements m                       | nay not be sold or<br>address of any po            | used by any p | person for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  Larry Rhoden for US Senate                                     |                                      |                                                    |               |                                                                                                    |
| Full Name (Last, First, Middle Initial) Larry Rhoden  Mailing Address PO Box 12  City       |                                      |                                                    |               | Date of Receipt  M M D D / Y Y Y  05 08 2014                                                       |
| Union Center                                                                                | State<br>SD                          | Zip Code<br>57787                                  |               | Transaction ID : SA11AI.4990                                                                       |
| FEC ID number of contributing federal political committee.                                  | С                                    |                                                    |               | Amount of Each Receipt this Period                                                                 |
| Name of Employer Self Receipt For:                                                          | Occupation<br>Rancher                | ycle-to-Date                                       |               | , , , .                                                                                            |
| Primary General Other (specify)                                                             |                                      | , ,                                                | 410.00        |                                                                                                    |
| Full Name (Last, First, Middle Initial)  Sylvia Rhoden  Mailing Address 17064 R Road  City  | State                                | Zip Code                                           |               | Date of Receipt  M M D D Y Y Y O5 08 2014                                                          |
| Union Center  FEC ID number of contributing federal political committee.                    | C                                    | 57787                                              |               | Amount of Each Receipt this Period                                                                 |
| Name of Employer  Homemaker  Receipt For: 2014  Primary General  Other (specify)            |                                      |                                                    | 400.00        | In-kind -                                                                                          |
| Full Name (Last, First, Middle Initial)  Deb Schnell  Mailing Address 20788 132nd Ave  City | State                                | Zip Code                                           |               | Date of Receipt  M M / D D / Y Y Y Y  05 08 2014  Transaction ID : \$A11A1.5000                    |
| Sturgis FEC ID number of contributing federal political committee.                          | C                                    | 57785                                              |               | Amount of Each Receipt this Period                                                                 |
| Name of Employer<br>Meade School Dist.<br>Receipt For:                                      | Occupation<br>Teacher<br>Election Cy |                                                    |               | , , , , ,                                                                                          |
| Primary General Other (specify)                                                             |                                      | , ,                                                | 290.00        |                                                                                                    |
| SUBTOTAL of Receipts This Page (optional)                                                   |                                      |                                                    |               | 415.00                                                                                             |
| TOTAL This Period flast page this line number                                               | r onto                               |                                                    |               |                                                                                                    |

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| SCHEDULE A (FEC Form 3)                                                                                                                                                              |                    | Use separate schedule(s) | FOR LINE NUMBER: PAGE 14 OF 28 (check only one)    |  |  |
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| ITEMIZED RECEIPTS                                                                                                                                                                    |                    | for each category of the | X 11a 11b 11c 11d                                  |  |  |
|                                                                                                                                                                                      |                    | Detailed Summary Page    | 12 13a 13b 14 15                                   |  |  |
| Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political committee. |                    |                          | person for the purpose of soliciting contributions |  |  |
| NAME OF COMMITTEE (In Full) Larry Rhoden for US Senate                                                                                                                               |                    |                          |                                                    |  |  |
| Full Name (Last, First, Middle Initial)  Deb Schnell                                                                                                                                 | ·· <del>····</del> |                          | Date of Busin                                      |  |  |
| Mailing Address 20788 132nd Ave                                                                                                                                                      |                    |                          | Date of Receipt  M M D D Y Y Y  05 08 2014         |  |  |
| City                                                                                                                                                                                 | State              | Zip Code                 | Transaction ID : SA11AI.5001                       |  |  |
| Sturgis                                                                                                                                                                              | SD                 | 57785                    | Transacuori D. DATTALOUT                           |  |  |
| FEC ID number of contributing federal political committee.                                                                                                                           | C                  |                          | Amount of Each Receipt this Period                 |  |  |
| Name of Employer                                                                                                                                                                     | (Occupation        |                          |                                                    |  |  |
| Meade School Dist.                                                                                                                                                                   | Teacher            |                          |                                                    |  |  |
| Receipt For:                                                                                                                                                                         | Election Cy        | /cle-to-Date             | <del> </del>                                       |  |  |
| Primary General                                                                                                                                                                      |                    |                          |                                                    |  |  |
| Other (specify)                                                                                                                                                                      |                    | 3 , 400.00               |                                                    |  |  |
| Full Name (Last, First, Middle Initial)  Deb Schnell                                                                                                                                 | <del></del>        |                          | Date of Receipt                                    |  |  |
| B. Mailing Address 20788 132nd Ave                                                                                                                                                   |                    |                          | i i                                                |  |  |
| 20100 132Nd AVE                                                                                                                                                                      |                    |                          | 05 08 2014                                         |  |  |
| City                                                                                                                                                                                 | State              | Zip Code                 | Transaction ID : SA11AI.5005                       |  |  |
| Sturgis                                                                                                                                                                              | SD                 | 57785                    | Wallsquare ID . SATTAL.5003                        |  |  |
| FEC ID number of contributing federal political committee.                                                                                                                           | С                  |                          | Amount of Each Receipt this Period                 |  |  |
| Name of Employer                                                                                                                                                                     | Occupation         |                          | 90.00                                              |  |  |
| Meade School Dist.                                                                                                                                                                   | Teacher            |                          | *                                                  |  |  |
| Receipt For:                                                                                                                                                                         | Election Cy        | rcle-to-Date             | <del> </del> .                                     |  |  |
| Primary General                                                                                                                                                                      |                    |                          |                                                    |  |  |
| Other (specify)                                                                                                                                                                      |                    | , , , , ,                |                                                    |  |  |
| Full Name (Last, First, Middle Initial) Leo Schnell                                                                                                                                  |                    |                          | Date of Receipt                                    |  |  |
| C. Mailing Address 20788 132nd Ave                                                                                                                                                   |                    | M M D D Y Y Y            |                                                    |  |  |
| City                                                                                                                                                                                 | State              | Zip Code                 | 05 08 2014                                         |  |  |
| Sturgis                                                                                                                                                                              | SD                 | 57785                    | Transaction ID : SA11AI.4941                       |  |  |
| FEC ID number of contributing federal political committee.                                                                                                                           | С                  |                          | Amount of Each Receipt this Period                 |  |  |
| госона ронном сопшинос.                                                                                                                                                              | <u> </u>           |                          | . Should be East Hooope that Follow                |  |  |
| Name of Employer                                                                                                                                                                     | Occupation         |                          | 100.00                                             |  |  |
| McDonalds                                                                                                                                                                            | Maintenance        | e Engineer               | , , , ,                                            |  |  |
| Receipt For:                                                                                                                                                                         | Election Cy        | cle-to-Date              |                                                    |  |  |
| Primary General                                                                                                                                                                      |                    | *** ***                  |                                                    |  |  |
| Other (specify)                                                                                                                                                                      |                    | 329.00                   |                                                    |  |  |
|                                                                                                                                                                                      | .1                 |                          |                                                    |  |  |
| SURTOTAL of Receipts This Page (antional)                                                                                                                                            |                    |                          | 300.00                                             |  |  |

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# SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one)

| ITEMIZED RECEIPTS                                                                               | for each category of the<br>Detailed Summary Page                                            | X 11a 11b 11c 11d 12 13a 13b 14 15                                                                |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | statements may not be sold or used by any per<br>name and address of any political committee | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  Larry Rhoden for US Senate                                         |                                                                                              |                                                                                                   |
| Full Name (Last, First, Middle Initial) Leo Schnell                                             |                                                                                              | Date of Receipt                                                                                   |
| Mailing Address 20788 132nd Ave                                                                 |                                                                                              | мм : в в / у у у у у у образование и и и и и и и и и и и и и и и и и и                            |
| City<br>Sturgis                                                                                 | State Zip Code<br>SD 57785                                                                   | Transaction ID : SA11AI.4966                                                                      |
| FEC ID number of contributing federal political committee.                                      | С                                                                                            | Amount of Each Receipt this Period                                                                |
| Name of Employer McDonalds Receipt For:                                                         | Occupation Maintenance Engineer                                                              | , , ,                                                                                             |
| Primary General Other (specify)                                                                 | Election Cycle-to-Date  349.00                                                               |                                                                                                   |
| Full Name (Last, First, Middle Initial)  SD Chiropractic PAC                                    |                                                                                              | Date of Receipt                                                                                   |
| Mailing Address 2821 S. Center Ave.                                                             |                                                                                              | M M D D Y Y Y Y O4 O3 2014                                                                        |
| City<br>Sioux Falls                                                                             | State Zip Code<br>SD 57105                                                                   | Transaction ID : SA11AI.5238                                                                      |
| FEC ID number of contributing federal political committee.                                      | С                                                                                            | Amount of Each Receipt this Period                                                                |
| Name of Employer                                                                                | Occupation                                                                                   | 750.00                                                                                            |
| Receipt For: 2014 Primary General Other (specify)                                               | Election Cycle-to-Date 750.00                                                                |                                                                                                   |
| Full Name (Last, First, Middle Initial)  Charles Spring                                         |                                                                                              | Date of Receipt                                                                                   |
| Mailing Address 19098 Chalk Butte Rd                                                            | A                                                                                            | м м р в / у у<br>05 08 2014                                                                       |
| Union Center                                                                                    | State Zip Code<br>SD 57787                                                                   | Transaction ID : SA11AI.4968                                                                      |
| FEC ID number of contributing federal political committee.                                      | С                                                                                            | Amount of Each Receipt this Period                                                                |
| Name of Employer Self Receipt For:                                                              | Occupation<br>Rancher                                                                        | , , , , , , , , , , , , , , , , , , , ,                                                           |
| Primary General Other (specify)                                                                 | Election Cycle-to-Date 325.00                                                                |                                                                                                   |
| SUBTOTAL of Receipts This Page (optional)                                                       |                                                                                              | 1095.00                                                                                           |
| TOTAL This Period (last page this line number or                                                | nly)                                                                                         | , ,                                                                                               |

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# SCHEDULE A (FEC Form 3)

PAGE 16 OF FOR LINE NUMBER: Use separate schedule(s) (check only one)

| ITEMIZED RECEIPTS                                                                  |                                                  | ach category of the iled Summary Page           | X 11a 11b 11c 11d 11d 12 13a 13b 14 15                                                              |
|------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Any information copied from such Reports or for commercial purposes, other than us | and Statements may not ling the name and address | be sold or used by any of any political committ | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Larry Rhoden for US Senat                              | е                                                |                                                 |                                                                                                     |
| Full Name (Last, First, Middle Initial)  Bradley Ufen                              |                                                  |                                                 | Data of Davids                                                                                      |
| Mailing Address 21531 SD Hwy 45                                                    |                                                  |                                                 | Date of Receipt  M M D D / Y Y Y  05 01 2014                                                        |
| City<br>Miller                                                                     | '                                                | Code<br>362                                     | Transaction ID : SA11AJ.4979                                                                        |
| FEC ID number of contributing federal political committee.                         | С                                                |                                                 | Amount of Each Receipt this Period                                                                  |
| Name of Employer<br>Self                                                           | Occupation<br>Rancher                            |                                                 | 1000.00                                                                                             |
| Receipt For: Primary General Other (specify)                                       | Election Cycle-to-E                              | Date 1000.00                                    |                                                                                                     |
| Full Name (Last, First, Middle Initial)                                            | <u> </u>                                         |                                                 | Data of Receipt                                                                                     |
| B<br>Mailing Address                                                               |                                                  |                                                 | Date of Receipt                                                                                     |
| City                                                                               | State Zip                                        | Code                                            |                                                                                                     |
| FEC ID number of contributing federal political committee.                         | С                                                |                                                 | Amount of Each Receipt this Period                                                                  |
| Name of Employer                                                                   | Occupation                                       |                                                 | 3 ,                                                                                                 |
| Receipt For: Primary General Other (specify)                                       | Election Cycle-to-D                              | ate                                             |                                                                                                     |
| Full Name (Last, First, Middle Initial)                                            | <u> </u>                                         |                                                 | Date of Receipt                                                                                     |
| Mailing Address                                                                    |                                                  |                                                 | · · · · · · · · · · · · · · · · · · ·                                                               |
| City                                                                               | State Zip                                        | Code                                            |                                                                                                     |
| FEC ID number of contributing federal political committee.                         | С                                                |                                                 | Amount of Each Receipt this Period                                                                  |
| Name of Employer                                                                   | Occupation                                       |                                                 | , ,                                                                                                 |
| Receipt For: Primary General                                                       | Election Cycle-to-D                              | ate                                             |                                                                                                     |
| Other (specify)                                                                    | ,                                                | ,                                               |                                                                                                     |
| SUBTOTAL of Receipts This Page (option                                             | al)                                              |                                                 | 1000.00                                                                                             |
| TOTAL This Period (last page this line number only)                                |                                                  |                                                 | 15708.82                                                                                            |

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| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS                                                                                                         |                                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 17 OF 28 (check only one)  11a                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Larry Rhoden for US Senate | d Statements n<br>the name and        | nay not be sold or used by any address of any political commit                | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial)  A. Larry Robert Rhoden  Mailing Address 16868 St Highway 34                                              |                                       |                                                                               | Date of Receipt                                                                                      |
| City<br>Union Center                                                                                                                              | State<br>SD                           | Zip Code<br>57787                                                             | 04 28 2014  Transaction ID : SA13A.5246                                                              |
| FEC ID number of contributing federal political committee.                                                                                        | С                                     |                                                                               | Amount of Each Receipt this Period                                                                   |
| Name of Employer                                                                                                                                  | Occupation                            | 1                                                                             | 1509.50<br>signs                                                                                     |
| Receipt For: 2014  Primary General Other (specify)                                                                                                | Election C                            | ycle-to-Date<br>1509.50                                                       |                                                                                                      |
| Full Name (Last, First, Middle Initial)                                                                                                           | · · · · · · · · · · · · · · · · · · · |                                                                               | Date of Receipt                                                                                      |
| B                                                                                                                                                 |                                       | <u> </u>                                                                      | M M                                                                                                  |
| City                                                                                                                                              | State                                 | Zip Code                                                                      |                                                                                                      |
| FEC ID number of contributing federal political committee.                                                                                        | С                                     |                                                                               | Amount of Each Receipt this Period                                                                   |
| Name of Employer                                                                                                                                  | Occupation                            |                                                                               | 3 5                                                                                                  |
| Receipt For: Primary General Other (specify)                                                                                                      | Election Cy                           | ycle-to-Date                                                                  |                                                                                                      |

| Name of Employer                                           | Occupation             | ,                  | 5                 |
|------------------------------------------------------------|------------------------|--------------------|-------------------|
| Receipt For: Primary General Other (specify)               | Election Cycle-to-Date |                    |                   |
| Full Name (Last, First, Middle Initial)                    |                        |                    |                   |
| C                                                          |                        | Date of Receipt    |                   |
| Mailing Address                                            |                        | M M / D            | Y                 |
| City                                                       | State Zip Code         |                    |                   |
| FEC ID number of contributing federal political committee. | С                      | Amount of Each Rec | celpt this Period |
| Name of Employer                                           | Occupation             | ,                  | ,                 |
| Receipt For: Primary General Other (specify)               | Election Cycle-to-Date |                    |                   |
| SUBTOTAL of Receipts This Page (option                     | nal)                   |                    | 1509.50           |
| TOTAL This Period (last page this line nu                  | mber only)             | ,                  | 1509.50           |

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| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS                                                                    | Use separate schedule(s) for each category of the | (check only one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Detailed Summary Page                                                                                             |                                                   | X   17   18   19a   19<br>  20a   20b   20c   21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Any information copied from such Reports and Statements or for commercial purposes, other than using the name and | may not be sold or used by ar                     | ny person for the purpose of soliciting contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| NAME OF COMMITTEE (In Full)                                                                                       | ,,,                                               | Total Control of the |
| Larry Rhoden for US Senate                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Full Name (Last, First, Middle Initial)                                                                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| A. Anedot                                                                                                         |                                                   | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Mailing Address                                                                                                   | 05 08 2014                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| City State                                                                                                        | Zip Code                                          | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Purpose of Disbursement<br>Credit Card Fees                                                                       |                                                   | 21.98                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Candidate Name                                                                                                    | Categor<br>Type                                   | Transaction ID : SB17.5212                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Office Sought: House Disbursement Fo                                                                              |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Senate Primar President Other                                                                                     | y General<br>(specify)                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| State: District:                                                                                                  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Full Name (Last, First, Middle Initial)  Robert Fischer                                                           |                                                   | B. (B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| B. Robert Ischel                                                                                                  |                                                   | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Mailing Address 4275 Sturgis Rd                                                                                   |                                                   | 05 05 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| City State                                                                                                        | Zip Code                                          | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Rapid City SD Purpose of Disbursement                                                                             | 57702                                             | 698.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| In-Kind                                                                                                           | 5 5 -                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Candidate Name                                                                                                    | Categor<br>Type                                   | Transaction ID : SB17.5216<br>y/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Office Sought: House Disbursement Fo                                                                              | ···                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Senate Primary President Other                                                                                    | y General<br>(specify)                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| State: District:                                                                                                  | эрсону                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Full Name (Last, First, Middle Initial)                                                                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Robert Fischer                                                                                                    |                                                   | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Mailing Address 4275 Sturgis Rd                                                                                   |                                                   | 05 05 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| City State 2                                                                                                      | ip Code                                           | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Rapid City SD  Purpose of Disbursement In-Kind                                                                    | 57702                                             | 195.32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Candidate Name                                                                                                    | Transaction ID : SB17.5217                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Office Sought: House Disbursement Fo                                                                              | r:                                                | —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Senate Primary                                                                                                    | <b>i</b>                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                   | specify)                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| State: District:                                                                                                  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SUBTOTAL of Disbursements This Page (optional)                                                                    |                                                   | 915.80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| TOTAL This Period (last page this line number only)                                                               |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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| SCHEDULE B (FEC Form 3)                                                                                                  | Use separate schedule(s)                      |                             | FOR LINE NUMBER: PAGE 19 OF 28 (check only one)                                                      |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------|
| <b>ITEMIZED DISBURSEMENTS</b> for each category of the Detailed Summary Page                                             |                                               |                             | X 17 18 19a 19a                                                                                      |
|                                                                                                                          |                                               |                             | 20a 20b 20c 21                                                                                       |
| Any information copied from such Reports and Statements m<br>or for commercial purposes, other than using the name and a | ay not be sold or address of any poli         | used by any<br>tical commit | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)                                                                                              |                                               | <del></del>                 |                                                                                                      |
| Larry Rhoden for US Senate                                                                                               |                                               |                             |                                                                                                      |
| Full Name (Last, First, Middle Initial)                                                                                  |                                               |                             |                                                                                                      |
| A. Lori Hausman                                                                                                          |                                               |                             | Date of Disbursement                                                                                 |
| Mailing Address 20808 Oak Ridge rd                                                                                       |                                               |                             | 05 08 2014                                                                                           |
| City State                                                                                                               | Zip Code                                      |                             | Amount of Each Disbursement this Period                                                              |
| Sturgis SD                                                                                                               | 57785                                         |                             |                                                                                                      |
| Purpose of Disbursement<br>In-kind                                                                                       |                                               |                             | , 115.00                                                                                             |
| Candidate Name                                                                                                           | <u> </u>                                      | _                           | Transaction ID : SB17.5211                                                                           |
|                                                                                                                          |                                               | Category/<br>Type           | ′                                                                                                    |
| Office Sought: House Disbursement For:                                                                                   |                                               |                             |                                                                                                      |
| Senate Primary                                                                                                           | General                                       |                             |                                                                                                      |
| President Other (sp. State: District:                                                                                    | респу)                                        |                             |                                                                                                      |
| Full Name (Last, First, Middle Initial)                                                                                  |                                               |                             |                                                                                                      |
| B. Heartland Campaign                                                                                                    |                                               |                             | Date of Disbursement                                                                                 |
| Mailing Address 10312 South 177th St                                                                                     | , ,, <u>, , , , , , , , , , , , , , , , ,</u> |                             | 04 08 2014                                                                                           |
| City State                                                                                                               | Zip Code                                      |                             | Amount of Each Disbursement this Period                                                              |
| Omaha NE Purpose of Disbursement                                                                                         | 68536                                         |                             |                                                                                                      |
| Consulting Fee                                                                                                           |                                               |                             | 2068.65                                                                                              |
| Candidate Name                                                                                                           |                                               | Category/<br>Type           | Transaction ID : SB17.5189                                                                           |
| Office Sought: House Disbursement For:                                                                                   | l                                             | 1300                        | <del> </del>                                                                                         |
| Senate                                                                                                                   | General                                       |                             |                                                                                                      |
| President Other (sp                                                                                                      | pecify)                                       |                             |                                                                                                      |
| State: District:                                                                                                         |                                               |                             |                                                                                                      |
| Full Name (Last, First, Middle Initial)  . Heartland Campaign Management                                                 |                                               |                             | Date of Disbursement                                                                                 |
| Mailing Address 10312 South 177th St                                                                                     |                                               |                             | м м р р у у<br>04 01 2014                                                                            |
| City State Zip                                                                                                           | Code                                          |                             |                                                                                                      |
|                                                                                                                          | 536                                           |                             | Amount of Each Disbursement this Period                                                              |
| Purpose of Disbursement                                                                                                  |                                               | <del> </del>                | 2060.00                                                                                              |
| O-district.                                                                                                              |                                               |                             | Transaction ID : SB17.5220                                                                           |
| Candidate Name                                                                                                           |                                               | Category/<br>Type           |                                                                                                      |
| Office Sought: House Disbursement For: Senate Primary                                                                    |                                               |                             |                                                                                                      |
| President Other (sp                                                                                                      | General ecify)                                |                             |                                                                                                      |
| State: District:                                                                                                         | ,                                             |                             |                                                                                                      |
| SUBTOTAL of Disbursements This Page (optional)                                                                           | · · · · · · · · · · · · · · · · · · ·         |                             | 4243.65                                                                                              |
| The tage (optional)                                                                                                      |                                               |                             | - , , .                                                                                              |
| TOTAL This Period (last page this line number only)                                                                      |                                               |                             |                                                                                                      |

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| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS |                                    | Use separate so<br>for each categor<br>Detailed Summa | y of the                                | FOR LINE NUMBER: PAC (check only one) | 19a 19b 20c 21    |                                                                            |                  |
|------------------------------------------------|------------------------------------|-------------------------------------------------------|-----------------------------------------|---------------------------------------|-------------------|----------------------------------------------------------------------------|------------------|
| Aı<br>or                                       | ny information cop                 | ied from such Report                                  | ts and Statements musing the name and a | ay not be sold or                     | used by any       | person for the purpose of soliciti<br>tee to solicit contributions from su | ng contributions |
|                                                | NAME OF COMM                       |                                                       |                                         |                                       | · · · · · ·       |                                                                            |                  |
| A.                                             | Full Name (Last,<br>Brent Hoffm    | First, Middle Initial)<br>1 <b>an</b>                 |                                         |                                       |                   | Date of Disbursement                                                       |                  |
|                                                | Mailing Address                    | Box 65                                                |                                         |                                       |                   | м м ъ в / у<br>05 08                                                       | ү ү<br>2014      |
|                                                | City<br>White Owl                  |                                                       | State<br>SD                             | Zip Code<br>57792                     |                   | Amount of Each Disbursen                                                   | nent this Period |
|                                                | Purpose of Disbu<br>In-kind        | rsement                                               |                                         |                                       |                   | , ,                                                                        | 210.00           |
|                                                | Candidate Name                     |                                                       |                                         |                                       | Category/<br>Type | Transaction ID : SB17.5208                                                 |                  |
|                                                | Office Sought:                     | House<br>Senate<br>President                          | Disbursement For: Primary Other (s      | General                               |                   |                                                                            |                  |
|                                                | State:                             | District:<br>First, Middle Initial)                   |                                         |                                       |                   |                                                                            |                  |
| В.                                             | Joni Hunt                          | i ii st, Mildus Hittaly                               |                                         |                                       |                   | Date of Disbursement                                                       |                  |
|                                                | Mailing Address                    | PO Box 98                                             |                                         |                                       |                   | 05 08                                                                      | y y<br>2014      |
|                                                | City                               |                                                       | State<br>SD                             | Zip Code<br>57626                     |                   | Amount of Each Disburser                                                   | nent this Period |
|                                                | Purpose of Disbui<br>In-kind       | rsement                                               |                                         | 37020                                 |                   | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;                                      | 50.00            |
|                                                | Candidate Name                     |                                                       |                                         |                                       | Category/<br>Type |                                                                            |                  |
|                                                | Office Sought: State:              | House<br>Senate<br>President                          | Disbursement For: Primary Other (sp     | General                               |                   |                                                                            |                  |
|                                                |                                    | District: First, Middle Initial)                      | <u> </u>                                | <del> </del>                          |                   |                                                                            |                  |
|                                                | Ryan Mahei                         | r                                                     |                                         |                                       |                   | Date of Disbursement                                                       |                  |
|                                                | Mailing Address                    | PO Box 237                                            |                                         |                                       |                   | 05 13                                                                      | 2014             |
|                                                | City                               |                                                       |                                         | Code                                  |                   | Amount of Each Disbursem                                                   | ent this Period  |
|                                                | Isabel Purpose of Disbur In-kind - | rsement                                               | SD 57                                   | 7633                                  |                   | , ,                                                                        | 250.00           |
|                                                | Candidate Name                     |                                                       |                                         |                                       | Category/<br>Type | Transaction ID : SB17.5229                                                 |                  |
|                                                | Office Sought: State:              | House Senate President District:                      | Disbursement For:  Primary Other (sp    | General                               |                   |                                                                            |                  |
| S                                              | UBTOTAL of Disb                    | ursements This Page                                   | (optional)                              |                                       |                   | <u> </u>                                                                   | 510.00           |
|                                                | •                                  |                                                       |                                         |                                       | ****              | _ , ,                                                                      | •                |
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| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS         |                                                                                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page |                                       | FOR LINE NUMBER: PAGE 21 OF 28 (check only one)    X   17 |
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| A                                                      | ny information copied from such Reports and Statements n                                         | nay not be sold or                                                            | used by any i                         | person for the purpose of soliciting contributions        |
| Ĭ<br>Z                                                 | NAME OF COMMITTEE (In Full)  Larry Rhoden for US Senate                                          | address of any po                                                             | itical committe                       | e to solicit contributions from such committee.           |
| Full Name (Last, First, Middle Initial)  A. Merv Mewes |                                                                                                  |                                                                               |                                       | Date of Disbursement                                      |
|                                                        | Mailing Address 324 3rd St SW                                                                    |                                                                               |                                       | M M / D D Y Y Y Y O4 28 2014                              |
|                                                        | City State<br>Highmore SD                                                                        | Zip Code<br>57345                                                             |                                       | Amount of Each Disbursement this Period                   |
|                                                        | Purpose of Disbursement<br>In-Kind                                                               |                                                                               |                                       | 250.00<br>Transaction ID : SB17.5215                      |
|                                                        | Office Sought: House Disbursement For                                                            | r:                                                                            | Category/<br>Type                     | _                                                         |
|                                                        | Senate Primary President Other (s                                                                |                                                                               |                                       |                                                           |
|                                                        | Full Name (Last, First, Middle Initial)                                                          |                                                                               |                                       |                                                           |
| В.                                                     | Casey Philips                                                                                    |                                                                               |                                       | Date of Disbursement                                      |
|                                                        | Mailing Address 16453 Hope Rd                                                                    | 05 05 Y Y Y                                                                   |                                       |                                                           |
|                                                        | City State New Underwood SD                                                                      | Zip Code<br>57761                                                             |                                       | Amount of Each Disbursement this Period                   |
|                                                        | Purpose of Disbursement<br>In-kind -                                                             |                                                                               | 2600.00<br>Transaction ID : SB17.5242 |                                                           |
|                                                        | Candidate Name                                                                                   |                                                                               | Category/<br>Type                     |                                                           |
|                                                        | Office Sought:    House   Disbursement Form                                                      | General                                                                       |                                       |                                                           |
| c.                                                     | Full Name (Last, First, Middle Initial) Sarah Philips                                            |                                                                               |                                       | Date of Disbursement                                      |
|                                                        | Mailing Address 16453 Hope Rd                                                                    |                                                                               |                                       | M M D / Y Y Y Y Y O5 O5 2014                              |
|                                                        |                                                                                                  | p Code<br>7761                                                                |                                       | Amount of Each Disbursement this Period                   |
|                                                        | In-kind -<br>Candidate Name                                                                      |                                                                               | Category/<br>Type                     | 7ransaction ID : SB17.5245                                |
|                                                        | Office Sought:    House   Disbursement For:   Senate   Primary     President   Other (sp. state: | General                                                                       |                                       |                                                           |
|                                                        |                                                                                                  |                                                                               |                                       | 5450.00                                                   |
| S                                                      | UBTOTAL of Disbursements This Page (optional)                                                    | ***************************************                                       |                                       | 5450.00<br>3 3 =                                          |
| T                                                      | OTAL This Period (last page this line number only)                                               |                                                                               |                                       |                                                           |

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| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS                                                                                                                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 22 OF 28 (check only one)    X   17                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)  Larry Rhoden for US Senate | may not be sold or used by any diaddress of any political committed           | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial)  A. Aaron Pilcher                                                                                                                 |                                                                               | Date of Disbursement                                                                                 |
| Mailing Address 814 Canary Lane                                                                                                                                           |                                                                               | мм / D                                                                                               |
| City State Huron SD                                                                                                                                                       | Zip Code<br>57350                                                             | Amount of Each Disbursement this Period                                                              |
| Purpose of Disbursement Consulting Fee  Candidate Name                                                                                                                    | Category/<br>Type                                                             | 3317.44<br>Transaction ID : SB17.5188                                                                |
| Office Sought:    House   Disbursement Formula                                                                                                                            |                                                                               |                                                                                                      |
| Full Name (Last, First, Middle Initial)  B. Aaron Pilcher  Mailing Address 814 Canary Lane                                                                                |                                                                               | Date of Disbursement                                                                                 |
| City State Huron SD Purpose of Disbursement Consulting Fees                                                                                                               | Zip Code<br>57350                                                             | Amount of Each Disbursement this Period 3580.89                                                      |
|                                                                                                                                                                           |                                                                               | Transaction ID : SB17.5219                                                                           |
| State: District: Full Name (Last, First, Middle Initial) Larry Rhoden  Mailing Address PO Box 12                                                                          |                                                                               | Date of Disbursement  M M / J D Y Y  05 08 2014                                                      |
| Union Center SD  Purpose of Disbursement In-kind                                                                                                                          | Zip Code<br>57787                                                             | Amount of Each Disbursement this Period                                                              |
| Office Sought: House Disbursement For Senate Primare Other (State: District:                                                                                              |                                                                               | Transaction ID : SB17.5197                                                                           |
| SUBTOTAL of Disbursements This Page (optional)                                                                                                                            |                                                                               | 7003.33                                                                                              |
| TOTAL This Period (last page this line number only)                                                                                                                       |                                                                               | , , ,                                                                                                |

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|      | CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS                                                                       | Use separate so for each categor Detailed Summa | ry of the         | FOR LINE NUMBER: PA (check only one) | GE 23 OF 28       |
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| A    | ny information copied from such Reports and Statements m                                                          | nay not be sold or                              | used by any       | person for the purpose of solicit    | ing contributions |
| \[{} | r for commercial purposes, other than using the name and a NAME OF COMMITTEE (in Full) Larry Rhoden for US Senate | address of any pol                              | itical committ    | ee to solicit contributions from s   | uch committee.    |
| Α.   | Full Name (Last, First, Middle Initial)  Larry Rhoden                                                             |                                                 |                   | Date of Disbursement                 |                   |
|      | Mailing Address PO Box 12                                                                                         |                                                 |                   | 05 08                                | Y Y Y<br>2014     |
|      | City State<br>Union Center SD                                                                                     | Zip Code<br>57787                               |                   | Amount of Each Disburser             | ment this Period  |
|      | Purpose of Disbursement In-kind  Candidate Name                                                                   |                                                 |                   | ;<br>Transaction ID : SB17.5198      | 105.00            |
|      | Office Sought: House Disbursement For:                                                                            |                                                 | Category/<br>Type |                                      |                   |
|      | Senate Primary President Other (sp                                                                                | General                                         |                   |                                      |                   |
| -    | Full Name (Last, First, Middle Initial)                                                                           |                                                 |                   |                                      |                   |
| В.   | Deb Schnell                                                                                                       |                                                 |                   | Date of Disbursement                 |                   |
|      | Mailing Address 20788 132nd Ave                                                                                   |                                                 |                   | M M D D 05 08                        | y y<br>2014       |
|      | City State                                                                                                        | Zip Code                                        |                   | Amount of Each Disburser             | nent this Period  |
|      | Sturgis SD Purpose of Disbursement                                                                                | 57785                                           |                   |                                      | 110.00            |
|      | In-kind                                                                                                           |                                                 |                   | Transaction ID : SB17.5205           | *                 |
|      | Candidate Name                                                                                                    |                                                 | Category/<br>Type |                                      |                   |
|      | Office Sought:  House Senate Primary President  Disbursement For: Primary Other (sp                               | General                                         |                   |                                      |                   |
|      | State: District: Full Name (Last, First, Middle Initial)                                                          |                                                 |                   |                                      |                   |
| C.   | Deb Schnell                                                                                                       |                                                 |                   | Date of Disbursement                 |                   |
|      | Mailing Address 20788 132nd Ave                                                                                   |                                                 |                   | 05 08                                | 2014              |
|      | <b>.</b> .                                                                                                        | Code<br>785                                     |                   | Amount of Each Disbursen             | nent this Period  |
|      | Purpose of Disbursement<br>In-kind                                                                                | 100                                             |                   | <del>-</del>                         | 110.00            |
|      | Candidate Name                                                                                                    |                                                 | Category/<br>Type | Transaction ID : SB17.5206           |                   |
|      | Office Sought: House Disbursement For: Senate Primary President Other (sp. State: District:                       | General ecify)                                  |                   |                                      |                   |
| SI   | UBTOTAL of Disbursements This Page (optional)                                                                     |                                                 |                   |                                      | 325.00            |
|      | OTAL This Period (last page this line number only)                                                                |                                                 |                   | , , ,                                | •                 |
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| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS                                         | Use separate so for each categor Detailed Summa | ry of the         | (check only one)    A   PAGE 24 OF 28                                      |
|----------------------------------------------------------------------------------------|-------------------------------------------------|-------------------|----------------------------------------------------------------------------|
| Any information copied from such Reports and Statements m                              | nay not be sold or                              | used by any       | 20a   20b   20c   21<br>person for the purpose of soliciting contributions |
| or for commercial purposes, other than using the name and  NAME OF COMMITTEE (In Full) | address of any po                               | itical committe   | e to solicit contributions from such committee.                            |
| Larry Rhoden for US Senate                                                             |                                                 |                   |                                                                            |
| Full Name (Last, First, Middle Initial)                                                |                                                 |                   |                                                                            |
| A. Deb Schnell                                                                         |                                                 |                   | Date of Disbursement                                                       |
| Mailing Address 20788 132nd Ave                                                        |                                                 |                   | 05 08 2014                                                                 |
| City State                                                                             | Zip Code                                        |                   | Amount of Each Disbursement this Period                                    |
| Sturgis SD Purpose of Disbursement                                                     | 57785                                           | 1                 |                                                                            |
| In-kind                                                                                |                                                 |                   | 90.00                                                                      |
| Candidate Name                                                                         |                                                 | Category/<br>Type | Transaction ID : SB17.5210                                                 |
| Office Sought: House Disbursement For                                                  | ?                                               |                   |                                                                            |
| Senate Primary President Other (s                                                      | البيبيا                                         |                   |                                                                            |
| State: District:                                                                       |                                                 |                   |                                                                            |
| Full Name (Last, First, Middle Initial)                                                |                                                 |                   |                                                                            |
| 3. Singularis                                                                          |                                                 |                   | Date of Disbursement                                                       |
| Mailing Address PO Box 9265                                                            |                                                 |                   | 04 03 2014                                                                 |
| City State                                                                             | Zip Code                                        |                   | A                                                                          |
| Shawnee Mission KS                                                                     | 66201                                           |                   | Amount of Each Disbursement this Period                                    |
| Purpose of Disbursement<br>Consulting Fee                                              |                                                 |                   | 2050.00<br>Transaction ID : SB17.5193                                      |
| Candidate Name                                                                         |                                                 | Category/<br>Type | Transaction ID : 3617.3193                                                 |
| Office Sought: House Disbursement For: Senate Primary President Other (sp              | General                                         |                   |                                                                            |
| State: District:                                                                       |                                                 |                   |                                                                            |
| Full Name (Last, First, Middle Initial)                                                |                                                 | <del></del>       |                                                                            |
| Singularis                                                                             |                                                 |                   | Date of Disbursement                                                       |
| Mailing Address PO Box 9265                                                            |                                                 |                   | 04 09 2014                                                                 |
|                                                                                        | Code                                            |                   | Amount of Each Disbursement this Period                                    |
| Shawnee Mission KS 66 Purpose of Disbursement Website Fee                              | 6201                                            |                   | 300.00                                                                     |
| Candidate Name                                                                         |                                                 | Category/<br>Type | Transaction ID : SB17.5184                                                 |
| Office Sought: House Disbursement For:                                                 |                                                 | iype              | -                                                                          |
| Senate Primary                                                                         | General                                         |                   |                                                                            |
| President Other (sp                                                                    | pecify)                                         |                   |                                                                            |
| State: District:                                                                       |                                                 |                   |                                                                            |
| SUBTOTAL of Disbursements This Page (optional)                                         |                                                 | •••••             | , 2440.00                                                                  |
| TOTAL This Period (last page this line number only)                                    |                                                 |                   | • •                                                                        |

| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS |                                                                                                                  | Use separate sch<br>for each category<br>Detailed Summar | of the                                  | FOR LINE NUM<br>(check only one<br>X 17<br>20a |                     | 19a 19b 20c 21                      |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------------------|---------------------|-------------------------------------|
| Ar<br>or                                       | ny information copied from such Reports and Statements of for commercial purposes, other than using the name and | may not be sold or                                       | used by any<br>tical committ            | person for the pu                              | urpose of solic     | iting contributions such committee. |
| $\rangle$                                      | NAME OF COMMITTEE (In Full)  Larry Rhoden for US Senate                                                          |                                                          |                                         |                                                |                     |                                     |
| A.                                             | Full Name (Last, First, Middle Initial) Singularis                                                               | Date of Di                                               | sbursement                              |                                                |                     |                                     |
|                                                | Mailing Address PO Box 9265                                                                                      |                                                          |                                         | м м<br>04                                      | 18                  | y y y<br>2014                       |
|                                                | City State Shawnee Mission KS                                                                                    | Zip Code<br>66201                                        |                                         | Amount of                                      | Each Disburse       | ement this Period                   |
|                                                | Purpose of Disbursement<br>Yard Signs                                                                            | Tuonoodian                                               | 3854.79                                 |                                                |                     |                                     |
|                                                | Candidate Name                                                                                                   |                                                          |                                         | Transaction                                    | ID : SB17.518!      | •                                   |
|                                                |                                                                                                                  |                                                          |                                         |                                                |                     |                                     |
|                                                | State: District:   Full Name (Last, First, Middle Initial)                                                       |                                                          |                                         |                                                |                     |                                     |
| В.                                             | Smart Media Group LLC                                                                                            |                                                          |                                         | Date of Di                                     | sbursement          | Y Y                                 |
|                                                | Mailing Address                                                                                                  |                                                          |                                         |                                                | 13                  | 2014                                |
|                                                | City State                                                                                                       | Zip Code                                                 | <del>"</del>                            | Amount of                                      | Each Disburse       | ement this Period                   |
|                                                | Purpose of Disbursement<br>TV Ad Buy                                                                             |                                                          |                                         | Transaction                                    | ,<br>(D : SB17.521; | 24725.00                            |
|                                                | Candidate Name                                                                                                   | Category/<br>Type                                        | Transaction                             | ID . 3517.321.                                 | •                   |                                     |
|                                                | Office Sought:    House   Disbursement Forman                                                                    |                                                          |                                         |                                                |                     |                                     |
|                                                | State: District:                                                                                                 |                                                          |                                         |                                                |                     |                                     |
| C.                                             | Full Name (Last, First, Middle Initial)                                                                          |                                                          | sbursement                              |                                                |                     |                                     |
|                                                | Mailing Address                                                                                                  | M M                                                      |                                         |                                                |                     |                                     |
|                                                | City State Zip Code                                                                                              |                                                          |                                         |                                                | Each Disburse       | ement this Period                   |
|                                                | Purpose of Disbursement                                                                                          |                                                          |                                         |                                                | , ,                 |                                     |
|                                                | Candidate Name                                                                                                   |                                                          |                                         |                                                |                     |                                     |
|                                                | Office Sought: House Disbursement For Senate Primary President Other ( State: District:                          |                                                          |                                         |                                                |                     |                                     |
|                                                |                                                                                                                  |                                                          |                                         | 1                                              |                     | 28579.79                            |
| S                                              | UBTOTAL of Disbursements This Page (optional)                                                                    |                                                          | *************************************** | _                                              | ,                   | •                                   |
| т                                              | OTA: This Period (last page this line number only)                                                               |                                                          |                                         |                                                |                     | 49467.57                            |

# SCHEDULE C (FEC Form 3) LOANS

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

PAGE 26 OF FOR LINE NUMBER:

| JANS                                                                          | Detailed Summary               | Page (check only one) X 13.              |
|-------------------------------------------------------------------------------|--------------------------------|------------------------------------------|
| AME OF COMMITTEE (In Full) arry Rhoden for US Senate                          | Tran                           | saction ID : SC/10.5246                  |
| LOAN SOURCE Full Name (Last, First, Middle Initial)                           |                                | Election: 2014                           |
| Larry Robert Rhoden                                                           |                                | Primary                                  |
| Mailing Address<br>16868 St Highway 34                                        |                                | General Other (specify) ▼                |
| City State                                                                    | ZIP Code                       |                                          |
| Union Center SD                                                               | 57787                          |                                          |
| Original Amount of Loan Cumulative Payn                                       | nent To Date E                 | Balance Outstanding at Close of This Per |
| 1509.50                                                                       | 0.00                           | 1509.50                                  |
|                                                                               | te Due Interest F              | Rate Secured:                            |
| <sup>M</sup> 04 <sup>M</sup> <sup>D</sup> 28 <sup>D</sup> Ž014 <sup>M M</sup> |                                | - % (apr) □ 🔀                            |
| List All Endorsers or Guarantors (if any) to Loan Source                      |                                | Yes N                                    |
| Full Name (Last, First, Middle Initial)                                       | Name of Employer               |                                          |
| Mailing Address                                                               | Occupation                     |                                          |
| City State ZIP Code                                                           | Amount Guaranteed Outstanding: | 3 9                                      |
| 2. Full Name (Last, First, Middle Initial)                                    | Name of Employer               |                                          |
| Mailing Address                                                               | Occupation                     |                                          |
|                                                                               | Amount                         |                                          |
| City State ZIP Code                                                           | Guaranteed Outstanding:        | 3 9                                      |
| 3. Full Name (Last, First, Middle Initial)                                    | Name of Employer               |                                          |
| Mailing Address                                                               | Occupation                     |                                          |
| City                                                                          | Amount                         |                                          |
| City State ZIP Code                                                           | Guaranteed<br>Outstanding:     | , ,                                      |
| 4. Full Name (Last, First, Middle Initial)                                    | Name of Employer               |                                          |
| Mailing Address                                                               | Occupation                     |                                          |
| City State ZIP Code                                                           | Amount<br>Guaranteed           |                                          |
| IBTOTALS This Period This Page (optional)                                     | Outstanding:                   | 1509.50                                  |
| TALS This Period (last page in this line only)                                |                                | 1509.50                                  |
| arry outstanding balance only to LINE 3, Schedule D, for this lin             |                                | , , , , , , , , , , , , , , , , , , ,    |

| S                     | CHEDULE D (FEC Form 3)                                                            |              |           |                   | <u> </u>    | Jse separate                            |                                       | PAGE      | 27 OF 28                                      |
|-----------------------|-----------------------------------------------------------------------------------|--------------|-----------|-------------------|-------------|-----------------------------------------|---------------------------------------|-----------|-----------------------------------------------|
| DEBTS AND OBLIGATIONS |                                                                                   |              |           |                   | ,           | schedule(s)                             | FOR LIN                               |           |                                               |
| Ēχ                    | xcluding Loans                                                                    |              |           |                   | กบ          | for each<br>imbered line)               | (спеск с                              | only one) | 9<br>X 10                                     |
|                       | NAME OF COMMITTEE (In Full)                                                       |              |           |                   | 4-11-       |                                         | <del></del>                           |           | <u></u>                                       |
| _                     | Larry Rhoden for US Se                                                            |              |           |                   |             |                                         |                                       |           |                                               |
|                       | A. Full Name (Last, First, Middle Initial) of Debtor Heartland Campaign Managemen |              | itor      |                   | ·           | Nature of D<br>Campaign                 | ebt (Purpo<br>Fundralsin              |           | ing                                           |
|                       | Mailing Address 10312 South 177th St                                              |              |           |                   |             |                                         |                                       |           |                                               |
|                       | City State<br>Omaha                                                               | Zip C<br>NE  |           | 68536             |             |                                         |                                       | _         |                                               |
|                       | Outstanding Balance Beginning This Period 2060.00                                 |              | _         |                   |             | Transactio                              | on ID : SD1                           | 10.4890   |                                               |
|                       | Amount Incurred This Period                                                       |              | Paym      | ent This Perio    |             | Outstandir                              | ng Balance                            | at Close  | of This Period                                |
|                       | , , , , , , , , , , , , , , , , , , , ,                                           |              | 5         | •                 | 2060.00     |                                         | 3                                     | ,         | 0.00                                          |
|                       | B. Full Name (Last, First, Middle Initial) of Debtor o Oh K Fast Print            | r Credito    | or        |                   |             | Nature of De<br>Printing                | ebt (Purpo                            | se):      | , <u>, , , , , , , , , , , , , , , , , , </u> |
|                       | Mailing Address 2923 South 120th Street                                           |              |           |                   |             |                                         |                                       |           |                                               |
|                       | City State<br>Omaha                                                               | Zip Co<br>NE |           | 68144             |             |                                         |                                       |           |                                               |
|                       | Outstanding Balance Beginning This Period                                         |              |           |                   |             | Transactio                              | on ID : SD1                           | 0.4893    |                                               |
|                       | 75.69<br>Amount Incurred This Period                                              |              | Paymo     | ent This Perio    | ıd          | Outstandin                              | ng Balance                            | at Close  | of This Period                                |
| ļ                     | , , , 0.00                                                                        |              | 1         | ,                 | 75.69       |                                         | ,                                     | ,         | 0.00                                          |
|                       | C. Full Name (Last, First, Middle Initial) of Debtor of Larry Robert Rhoden       | or Credit    | tor       |                   |             | Nature of De<br>Travel and<br>candidate |                                       |           | aid by                                        |
|                       | Mailing Address 16868 St Highway 34                                               |              |           |                   |             |                                         |                                       |           |                                               |
|                       | City Union Center                                                                 | State<br>SD  |           | Zip Code<br>57787 |             |                                         | · · · · · · · · · · · · · · · · · · · |           |                                               |
|                       | Outstanding Balance Beginning This Period 4756.87                                 |              |           |                   |             | Transactio                              | on ID : SD1                           | 10.4376   |                                               |
|                       | , , , Amount Incurred This Period                                                 |              | Pavme     | ent This Period   | ь           | Outstandin                              | a Dalanca                             | et Close  | of This Period                                |
|                       | 0.00                                                                              |              | ,         | ;                 | 0.00        | Outsignen.,                             | g Balance                             | at Close  | 4756.87                                       |
| 1)                    | SUBTOTALS This Period This Page (optional)                                        |              |           |                   | •           |                                         | ,                                     |           | 4756.87                                       |
| 2)                    | TOTALS This Period (last page this line number only                               | ıly)         |           |                   | <b>&gt;</b> |                                         | ,                                     | ,         | •                                             |
| 3)                    | TOTAL OUTSTANDING LOANS from Schedule C (I                                        | last pag     | je only). | •••               | <u> </u>    |                                         | ,                                     | ,         |                                               |
| 4)                    | ADD 2) and 3) and carry forward to appropriate line                               | ie of Sur    | mmary     | Page (last pa     | ge only)    |                                         | 4                                     |           | ×                                             |

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| DEBTS AND OBLIGATIONS Excluding Loans  NAME OF COMMITTEE (in Full)  Larry Rhoden for US Senate  A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Larry Robert Rhoden  Mailing Address 16988 St Highway 34  City State Zip Code  Outstanding Balance Beginning This Period  Payment This Period  Outstanding Balance Beginning This Period  Outstanding Balance at Close of This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DEBTS AND OBLIGATIONS  Excluding Loans  NAME OF COMMITTEE (in Full)  Larry Rhoden for US Senate  A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Larry Robert Rhoden  Mailing Address 16888 St Highway 34  City State Zip Code Union Center SD 57787  Outstanding Balance Beginning This Period  90.00  Amount Incurred This Period Payment This Period  0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  7  Amount Incurred This Period Payment This Period  90.00  City State Zip Code  Outstanding Balance Beginning This Period  7  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  9  Outstanding Balance Beginning This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | hedule(s) or each bered line)  Nature of Di Mailing exp | check on<br>ebt (Purpos<br>ense paid b    | e): y Candida                    | ete               |
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| Excluding Loans  NAME OF COMMITTEE (In Full)  Larry Rhocden for US Senate  A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Larry Robert Rhoden  Mailing Address 16888 St Highway 34  City State Zip Code Union Center SD 57787  Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Outstanding Balance Beginning This Period Payment This Period Outstanding Balance Beginning This Period Payment This Period Outstanding Balance Beginning This Period Payment This Period Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Nature of Debt (Purpose):  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period                                                                                                                                                                                                                                                                                                                                 | Excluding Loans  NAME OF COMMITTEE (In Full)  Larry Rhoden for US Senate  A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Larry Robert Rhoden  Mailing Address 16868 St Highway 34  City State Zip Code Union Center SD 57787  Outstanding Balance Beginning This Period 90.00  Amount Incurred This Period Payment This Period  0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  7  Amount Incurred This Period Payment This Period  7  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  7  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Nature of Di<br>Mailing exp                             | check on<br>ebt (Purpos<br>ense paid b    | e):<br>y Candida<br>.4896        | 9 X 10            |
| NAME OF COMMITTEE (in Full)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME OF COMMITTEE (In Full)  Larry Rhoden for US Senate  A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Larry Robert Rhoden  Mailing Address 16868 St Highway 34  City State Zip Code Union Center SD 57787  Outstanding Balance Beginning This Period 90.00  Amount Incurred This Period Payment This Period 0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  7  Amount Incurred This Period  Payment This Period  7  Amount Incurred This Period  7  Amount Incurred This Period  9  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  Mailing Address  City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Nature of Do<br>Mailing exp                             | ebt (Purpos<br>ense paid b<br>n ID : SD10 | e):<br>y Candida<br>.4896        | te  f This Period |
| NAME OF COMMITTEE (in Full)  Larry Rhoden for US Senate  A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Larry Robert Rhoden  Mailing Address 16868 St Highway 34  City State Zip Code Union Center SD 57787  Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period  p. 0.00 p. 0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  Outstanding Balance Beginning This Period  Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period  Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period  Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period  Outstanding Balance Beginning This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Larry Robert Rhoden  A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Larry Robert Rhoden  Mailing Address 16868 St Highway 34  City State Zip Code Union Center SD 57787  Outstanding Balance Beginning This Period  90.00  Amount Incurred This Period Payment This Period  0.00  D.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  7  Amount Incurred This Period Payment This Period  7  Amount Incurred This Period Payment This Period  9  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Nature of Di<br>Mailing exp<br>Transactio               | ense paid b                               | y Candida<br>.4896<br>at Close o | f This Period     |
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| Union Center  SD 57787  Outstanding Balance Beginning This Period 90.00  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period  Nature of Debt (Purpose):  Mailing Address  City State Zip Code  Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period  Nature of Debt (Purpose):  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  Amount Incurred This Period  Payment This Period Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Union Center  SD 57787  Outstanding Balance Beginning This Period  90.00  Amount Incurred This Period  Payment This Period  0.00  0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  7  Amount Incurred This Period  Payment This Period  7  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Outstandin                                              | g Balance a                               | at Close o                       |                   |
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| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Cutstanding Balance Beginning This Period  Amount Incurred This Period Payment This Period  Outstanding Balance at Close of This Period  Nature of Debt (Purpose):  Nature of Debt (Purpose):  Nature of Debt (Purpose):  Nature of Debt (Purpose):  Mailing Address  City State Zip Code  Outstanding Balance at Close of This Period  Nature of Debt (Purpose):  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D.00                                                           |                                           |                                  |                   |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Malling Address  City State Zip Code  Outstanding Balance Beginning This Period  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  , , , Amount Incurred This Period Payment This Period  , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Nature of De                                            | 3                                         | ,                                | 90.00             |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  Outstanding Balance Beginning This Period  Amount Incurred This Period  Payment This Period Outstanding Balance at Close of This Period  Outstanding Balance Beginning This Period  Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Cutstanding Balance Beginning This Period  3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Nature of De                                            | 5                                         | ,                                |                   |
| Mailing Address  City State Zip Code  Cutstanding Balance Beginning This Period  , , , Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  , , , Amount Incurred This Period Payment This Period , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Nature of De                                            |                                           |                                  | *                 |
| City State Zip Code  Outstanding Balance Beginning This Period  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City State Zip Code  Outstanding Balance Beginning This Period  Amount Incurred This Period Payment This Period  This Period Payment This Period  Residue This Period Payment This Period  This Period Payment This Period  State Zip Code  Outstanding Balance Beginning This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         | bt (Purpose                               | ):                               |                   |
| City State Zip Code  Outstanding Balance Beginning This Period  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City State Zip Code  Outstanding Balance Beginning This Period  , , , Amount Incurred This Period Payment This Period  , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |                                           |                                  |                   |
| Outstanding Balance Beginning This Period  , , , Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Outstanding Balance Beginning This Period  3 Armount Incurred This Period  Payment This Period  7 3 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |                                           |                                  |                   |
| Outstanding Balance Beginning This Period  , , , Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Outstanding Balance Beginning This Period  3 Armount Incurred This Period  Payment This Period  7 3 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |                                           |                                  |                   |
| Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Amount Incurred This Period Payment This Period  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |                                           |                                  |                   |
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| 1) SUBTOTALS This Period This Page (optional)   90.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1) SUBTOTALS This Period This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Outstanding                                             |                                           | t Close of                       | This Period       |
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| 2) TOTALS This Period (last page this line number only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2) TOTALS This Period (last page this line number only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         | 1                                         |                                  | This Period       |
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| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3) 101AL OUTSTANDING LOANS from Schedule C (last page only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         | 1                                         | 3<br>4                           | 90.00<br>846.87   |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (lest page 1).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         | ,                                         | , 4i                             | 90.00<br>846.87   |

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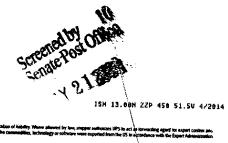
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