

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Curd for Congress

ADDRESS (number and street) PO Box 2464

Check if different than previously reported. (ACC)

Sioux Falls SD 57101

2. **FEC IDENTIFICATION NUMBER** C00468181

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

SD 00

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on _____ in the State of _____

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

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

Election on _____ in the State of _____

5. Covering Period 10 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Brian Gosch

Signature of Treasurer Electronically Filed by Brian Gosch Date 08 12 2010

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Curd for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	181381.50	181381.50
(b) Total Contribution Refunds (from Line 20(d)).....	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	181281.50	181281.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	17948.47	17948.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17948.47	17948.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	163333.13	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Curd for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	167845.00	167845.00
(i) Itemized (use Schedule A).....	2236.50	2236.50
(ii) Unitemized.....	170081.50	170081.50
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	6500.00	6500.00
(c) Other Political Committees (such as PACS).....	4800.00	4800.00
(d) The Candidate.....	181381.50	181381.50
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.10	0.10
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	181381.60	181381.60

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17948.47	17948.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	100.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	100.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	18048.47	18048.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	181381.60
25. SUBTOTAL (add Line 23 and Line 24).....	181381.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18048.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	163333.13

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Sioux Falls Surgical Physicians LLC

Mailing Address 910 E 20th Street

City State Zip Code
Sioux Falls SD 57105-1012

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-C124

Amount of Each Receipt this Period
2400.00

Redesignation/Attribution requested

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

B. Full Name (Last, First, Middle Initial)
Sioux Falls Surgical Physicians LLC

Mailing Address 910 E 20th Street

City State Zip Code
Sioux Falls SD 57105-1012

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-C437

Amount of Each Receipt this Period
2400.00

Attribution requested

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

C. Full Name (Last, First, Middle Initial)
Surgical Management Professionals LLC

Mailing Address 600 S Cliff Avenue
Suite 106

City State Zip Code
Sioux Falls SD 57104-5355

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-C123

Amount of Each Receipt this Period
2400.00

Redesignation/Attribution requested

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

SUBTOTAL of Receipts This Page (optional) ► **7200.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Surgical Management Professionals LLC

Mailing Address 600 S Cliff Avenue
Suite 106

City State Zip Code
Sioux Falls SD 57104-5355

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4800.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: A-C436

Amount of Each Receipt this Period
2400.00

Attribution Requested

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

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

Mailing Address 5100 S Twinleaf Drive

City State Zip Code
Sioux Falls SD 57108-2843

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

Name of Employer Occupation
Sinus Specialty Clinic Surgeon

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2009

Transaction ID: A-C24

Amount of Each Receipt this Period
2400.00

C. Full Name (Last, First, Middle Initial)
John F. Archer

Mailing Address 2204 E 52nd Street

City State Zip Code
Sioux Falls SD 57103-5124

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

Name of Employer Occupation
Hagen, Wilka & Archer Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2009

Transaction ID: A-C64

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **5300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Keith M. Baumgarten	Date of Receipt MM / DD / YYYY 11 / 17 / 2009
	Mailing Address 1001 E 63rd Street	Transaction ID: A-C32
	City State Zip Code Sioux Falls SD 57108-4637	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. C	Reattribution/Redesignation requested
	Name of Employer Occupation Orthopedic Institute Surgeon	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

B.	Full Name (Last, First, Middle Initial) Keith M. Baumgarten	Date of Receipt MM / DD / YYYY 12 / 22 / 2009
	Mailing Address 1001 E 63rd Street	Transaction ID: A-MC13
	City State Zip Code Sioux Falls SD 57108-4637	Amount of Each Receipt this Period -600.00
	FEC ID number of contributing federal political committee. C	Reattribution to spouse
	Name of Employer Occupation Orthopedic Institute Surgeon	[MEMO ITEM]
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

C.	Full Name (Last, First, Middle Initial) Scott Becker	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 315 Vernon Avenue	Transaction ID: A-C9
	City State Zip Code Glencoe IL 60022-2136	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation McGuireWoods LLP Attorney	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A. Full Name (Last, First, Middle Initial) Connie N. Benson</p> <p>Mailing Address 4600 S Vista Lane</p> <p>City State Zip Code Sioux Falls SD 57105-6856</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Homemaker Homemaker</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: A-C128</p> <p>Amount of Each Receipt this Period 2500.00</p> <p>Reattribution/Redesignati- on requested</p>
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<p>B. Full Name (Last, First, Middle Initial) Gail M. Benson</p> <p>Mailing Address 4600 S Vista Lane</p> <p>City State Zip Code Sioux Falls SD 57105-6856</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: A-C130</p> <p>Amount of Each Receipt this Period 2500.00</p> <p>Reattribution/Redesignati- on requested</p>
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<p>C. Full Name (Last, First, Middle Initial) Shirley Jo Blasen</p> <p>Mailing Address 22850 S Honeycreek Lane</p> <p>City State Zip Code Claremore OK 74019-5784</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Information Requested Lawyer</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9</p> <p>Transaction ID: A-C30</p> <p>Amount of Each Receipt this Period 1000.00</p>
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SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Anthony W. Bour

Mailing Address 705 W Ralph Rogers Road

City State Zip Code
Sioux Falls SD 57108-2879

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

Name of Employer Occupation
Showplace Manager

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-C120

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jeffrey R. Brecht

Mailing Address 4908 S Caraway Drive

City State Zip Code
Sioux Falls SD 57108-2819

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

Name of Employer Occupation
Merrill Lynch Financial Advisor

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: A-C63

Amount of Each Receipt this Period
250.00

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

Mailing Address 3809 S Bedford Avenue

City State Zip Code
Sioux Falls SD 57103-7689

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

Name of Employer Occupation
Plastic Surgery Associates Plastic Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: A-C74

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

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

Mailing Address 11 S Riverview Heights

City State Zip Code
Sioux Falls SD 57105-0260

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-MC40

Amount of Each Receipt this Period
4800.00

Reattribution from spouse

[MEMO ITEM]

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

Mailing Address 11 S Riverview Heights

City State Zip Code
Sioux Falls SD 57105-0260

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-MC41

Amount of Each Receipt this Period
2400.00

Redesignation to general election

[MEMO ITEM]

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

Mailing Address 11 S Riverview Heights

City State Zip Code
Sioux Falls SD 57105-0260

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-MC42

Amount of Each Receipt this Period
-2400.00

Redesignation from primary election

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Walter O. Carlson

Mailing Address 11 S Riverview Heights

City State Zip Code
Sioux Falls SD 57105-0260

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

Name of Employer Self-Employed Occupation
Self-Employed Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: A-MC37

Amount of Each Receipt this Period
-2400.00

Redesignation from primary election

[MEMO ITEM]

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

Mailing Address 11 S Riverview Heights

City State Zip Code
Sioux Falls SD 57105-0260

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

Name of Employer Self-Employed Occupation
Self-Employed Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: A-MC38

Amount of Each Receipt this Period
2400.00

Redesignation to general election

[MEMO ITEM]

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

Mailing Address 11 S Riverview Heights

City State Zip Code
Sioux Falls SD 57105-0260

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

Name of Employer Self-Employed Occupation
Self-Employed Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: A-MC39

Amount of Each Receipt this Period
-4800.00

Reattribution to spouse

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 71
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Walter O. Carlson

Mailing Address 11 S Riverview Heights

City State Zip Code
Sioux Falls SD 57105-0260

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-C108

Amount of Each Receipt this Period
9600.00

Reattribution/Redesignation requested

B. Full Name (Last, First, Middle Initial)
Kwang C. Chang

Mailing Address 908 W Chicory Lane

City State Zip Code
Sioux Falls SD 57108-2810

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: A-C47

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Alan W. Christensen

Mailing Address 1011 Lincoln Circle

City State Zip Code
Winter Park FL 32789-2520

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

Name of Employer Orlando Orthopaedic Center Occupation
Orthopaedic Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: A-C13

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **11600.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A. Full Name (Last, First, Middle Initial) Paul A. Cink</p> <p>Mailing Address 7009 S Honors Drive</p> <p>City State Zip Code Sioux Falls SD 57108-8246</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Midwest Ear, Nose, & Throat Surgeon</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">3200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9</p> <p>Transaction ID: A-MC10</p> <p>Amount of Each Receipt this Period 3200.00</p> <p>Reattribution from spouse</p> <p>[MEMO ITEM]</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Paul A. Cink</p> <p>Mailing Address 7009 S Honors Drive</p> <p>City State Zip Code Sioux Falls SD 57108-8246</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Midwest Ear, Nose, & Throat Surgeon</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">3200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9</p> <p>Transaction ID: A-MC11</p> <p>Amount of Each Receipt this Period -800.00</p> <p>Redesignation from primary election</p> <p>[MEMO ITEM]</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Paul A. Cink</p> <p>Mailing Address 7009 S Honors Drive</p> <p>City State Zip Code Sioux Falls SD 57108-8246</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Midwest Ear, Nose, & Throat Surgeon</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">3200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9</p> <p>Transaction ID: A-MC12</p> <p>Amount of Each Receipt this Period 800.00</p> <p>Redesignation to general election</p> <p>[MEMO ITEM]</p>
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SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 14 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

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

Mailing Address 7009 S Honors Drive

City State Zip Code
Sioux Falls SD 57108-8246

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

Name of Employer Occupation
Midwest Ear, Nose, & Throat Nurse

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	9

Transaction ID: A-C28

Amount of Each Receipt this Period
4000.00

Reattribution/Redesignation requested

B. Full Name (Last, First, Middle Initial)
Shirley A. Cink

Mailing Address 7009 S Honors Drive

City State Zip Code
Sioux Falls SD 57108-8246

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

Name of Employer Occupation
Midwest Ear, Nose, & Throat Nurse

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	9

Transaction ID: A-C29

Amount of Each Receipt this Period
4000.00

Reattribution/Redesignation requested

C. Full Name (Last, First, Middle Initial)
Shirley A. Cink

Mailing Address 7009 S Honors Drive

City State Zip Code
Sioux Falls SD 57108-8246

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

Name of Employer Occupation
Midwest Ear, Nose, & Throat Nurse

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: A-MC7

Amount of Each Receipt this Period
-2400.00

Redesignation from primary election

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 71 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial) Shirley A. Cink Mailing Address 7009 S Honors Drive City State Zip Code Sioux Falls SD 57108-8246 FEC ID number of contributing federal political committee. C	Date of Receipt MM / DD / YYYY 12 / 22 / 2009 Transaction ID: A-MC8 Amount of Each Receipt this Period 2400.00 Redesignation to general election [MEMO ITEM]
Name of Employer Midwest Ear, Nose, & Throat Occupation Nurse Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4800.00	[MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Shirley A. Cink Mailing Address 7009 S Honors Drive City State Zip Code Sioux Falls SD 57108-8246 FEC ID number of contributing federal political committee. C	Date of Receipt MM / DD / YYYY 12 / 22 / 2009 Transaction ID: A-MC9 Amount of Each Receipt this Period -3200.00 Reattribution to spouse [MEMO ITEM]
Name of Employer Midwest Ear, Nose, & Throat Occupation Nurse Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4800.00	[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Janet B. Cronin Mailing Address PO Box 124 City State Zip Code Gettysburg SD 57442-0124 FEC ID number of contributing federal political committee. C	Date of Receipt MM / DD / YYYY 12 / 31 / 2009 Transaction ID: A-C114 Amount of Each Receipt this Period 4000.00 Reattribution/Redesignation requested
Name of Employer Retired Occupation Retired Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00	Reattribution/Redesignation requested

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 71
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Justin R. Cronin

Mailing Address PO Box 42

City State Zip Code
Gettysburg SD 57442-0042

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

Name of Employer Occupation
Self-Employed Retailer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: A-C115

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Deborah J. Curd

Mailing Address 810 E 23rd Street

City State Zip Code
Sioux Falls SD 57105-2135

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 01 / 2009

Transaction ID: A-C137

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Deborah J. Curd

Mailing Address 810 E 23rd Street

City State Zip Code
Sioux Falls SD 57105-2135

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: A-C135

Amount of Each Receipt this Period
2300.00

SUBTOTAL of Receipts This Page (optional) ► **3400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 71
(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial) Deborah J. Curd		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 810 E 23rd Street		Transaction ID: A-C136
City Sioux Falls	State SD	Zip Code 57105-2135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00	

B.

Full Name (Last, First, Middle Initial) Denise A. Curd		Date of Receipt MM / DD / YYYY 10 / 23 / 2009
Mailing Address 7590 Crestview Drive		Transaction ID: A-C18
City Longmont	State CO	Zip Code 80504-7301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Quist Valuation	Occupation Valuation Expert	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00	

C.

Full Name (Last, First, Middle Initial) Denise A. Curd		Date of Receipt MM / DD / YYYY 10 / 23 / 2009
Mailing Address 7590 Crestview Drive		Transaction ID: A-C19
City Longmont	State CO	Zip Code 80504-7301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Quist Valuation	Occupation Valuation Expert	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00	

SUBTOTAL of Receipts This Page (optional)	▶	7200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Derek R. Curd

Mailing Address 7590 Crestview Drive

City Longmont State CO Zip Code 80504-7301

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

Name of Employer Xilinx Occupation Engineer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt: 10 / 23 / 2009
Transaction ID: A-C16
 Amount of Each Receipt this Period: 2400.00

B. Full Name (Last, First, Middle Initial)
Derek R. Curd

Mailing Address 7590 Crestview Drive

City Longmont State CO Zip Code 80504-7301

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

Name of Employer Xilinx Occupation Engineer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt: 10 / 23 / 2009
Transaction ID: A-C17
 Amount of Each Receipt this Period: 2400.00

C. Full Name (Last, First, Middle Initial)
Nancy L. Curd

Mailing Address 918 N Avalon Ct

City Granbury State TX Zip Code 76048

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: A-C2
 Amount of Each Receipt this Period: 2400.00

SUBTOTAL of Receipts This Page (optional) ► 7200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Nancy L. Curd

Mailing Address 918 N Avalon Ct

City State Zip Code
Granbury TX 76048

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

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: A-C3

Amount of Each Receipt this Period
2400.00

Reattribution/Redesignation requested

B. Full Name (Last, First, Middle Initial)
Nancy L. Curd

Mailing Address 918 N Avalon Ct

City State Zip Code
Granbury TX 76048

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

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 9

Transaction ID: A-MC3

Amount of Each Receipt this Period
-2400.00

Redesignation from primary election

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Nancy L. Curd

Mailing Address 918 N Avalon Ct

City State Zip Code
Granbury TX 76048

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

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 9

Transaction ID: A-MC4

Amount of Each Receipt this Period
2400.00

Redesignation to general election

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 2400.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A. Full Name (Last, First, Middle Initial) Richard A. Curd</p> <p>Mailing Address 918 N Avalon Ct</p> <p>City State Zip Code Granbury TX 76048</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 9</p> <p>Transaction ID: A-C4</p> <p>Amount of Each Receipt this Period 2400.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Richard A. Curd</p> <p>Mailing Address 918 N Avalon Ct</p> <p>City State Zip Code Granbury TX 76048</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 9</p> <p>Transaction ID: A-C5</p> <p>Amount of Each Receipt this Period 2400.00</p> <p>Reattribution/Redesignation requested</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Richard A. Curd</p> <p>Mailing Address 918 N Avalon Ct</p> <p>City State Zip Code Granbury TX 76048</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 9</p> <p>Transaction ID: A-MC5</p> <p>Amount of Each Receipt this Period -2400.00</p> <p>Redesignation from primary election</p> <p>[MEMO ITEM]</p>
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SUBTOTAL of Receipts This Page (optional)	4800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 21 / 71

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

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

Mailing Address 918 N Avalon Ct

City State Zip Code
Granbury TX 76048

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 9

Transaction ID: A-MC6

Amount of Each Receipt this Period

2400.00

Redesignation to general election

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Tom Davis

Mailing Address 3 W Penmarch Place

City State Zip Code
Sioux Falls SD 57108-2967

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

Name of Employer Occupation
Primary Surgical Inc. Business Owner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-C129

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
Thomas Dempster

Mailing Address 5004 E Terry Peak Lane

City State Zip Code
Sioux Falls SD 57110-6407

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

Name of Employer Occupation
UBS Financial Advisor

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-C145

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 71
(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A. Full Name (Last, First, Middle Initial) Brian Donahoe</p> <p>Mailing Address 25669 479th Avenue</p> <p>City State Zip Code Garretson SD 57030-6605</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Cutler & Donahoe, LLP Attorney</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: A-C143</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Wade Dosch</p> <p>Mailing Address 4701 S Lewis Avenue</p> <p>City State Zip Code Sioux Falls SD 57103-5413</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation McGreevy Clinic General Surgeon</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 9</p> <p>Transaction ID: A-C65</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Wade Dosch</p> <p>Mailing Address 4701 S Lewis Avenue</p> <p>City State Zip Code Sioux Falls SD 57103-5413</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation McGreevy Clinic General Surgeon</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: A-PI21</p> <p>Amount of Each Receipt this Period 240.00</p> <p>[MEMO ITEM] Partnership Itemization Memo</p>
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SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 23 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Wade Dosch

Mailing Address 4701 S Lewis Avenue

City State Zip Code
Sioux Falls SD 57103-5413

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

Name of Employer Occupation
McGreevy Clinic General Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-PI31

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization Memo

730.00

B. Full Name (Last, First, Middle Initial)
Todd Flickema

Mailing Address 2913 S Bellepine Circle

City State Zip Code
Sioux Falls SD 57103-4800

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

Name of Employer Occupation
SMP Executive

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-PI8

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization Memo

480.00

C. Full Name (Last, First, Middle Initial)
Todd Flickema

Mailing Address 2913 S Bellepine Circle

City State Zip Code
Sioux Falls SD 57103-4800

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

Name of Employer Occupation
SMP Executive

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-PI18

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization Memo

480.00

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Ronald Gaulton

Mailing Address 26423 Silver Leaf Drive

City State Zip Code
Plainfield IL 60585

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

Name of Employer Southwest Airlines Occupation Commercial Airline Pilot

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: A-C79

Amount of Each Receipt this Period
1000.00

1000.00

B. Full Name (Last, First, Middle Initial)
Samir Abu Ghazaleh

Mailing Address 8901 E Hidden Valley Road

City State Zip Code
Sioux Falls SD 57110-7433

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: A-C86

Amount of Each Receipt this Period
500.00

1460.00

C. Full Name (Last, First, Middle Initial)
Samir Abu Ghazaleh

Mailing Address 8901 E Hidden Valley Road

City State Zip Code
Sioux Falls SD 57110-7433

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-PI5

Amount of Each Receipt this Period
240.00

1460.00

[MEMO ITEM]
Partnership Itemization Memo

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Samir Abu Ghazaleh

Mailing Address 8901 E Hidden Valley Road

City State Zip Code
Sioux Falls SD 57110-7433

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-PI15

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization Memo

1460.00

B. Full Name (Last, First, Middle Initial)
Samir Abu Ghazaleh

Mailing Address 8901 E Hidden Valley Road

City State Zip Code
Sioux Falls SD 57110-7433

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-PI24

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization Memo

1460.00

C. Full Name (Last, First, Middle Initial)
Samir Abu Ghazaleh

Mailing Address 8901 E Hidden Valley Road

City State Zip Code
Sioux Falls SD 57110-7433

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-PI34

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization Memo

1460.00

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 71
(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Timothy Gibbons

Mailing Address 250 S Crescent Drive

City State Zip Code
Mason City IA 50401-2926

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

Name of Employer Occupation
Mason City Clinic Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: A-C91

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Broc J. Halseth

Mailing Address 1701 Saddle Creek Court

City State Zip Code
Sioux Falls SD 57110-7460

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

Name of Employer Occupation
Zimmer Davis Sales

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: A-C25

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Cathy M. Hofer

Mailing Address 629 W 9th Street

City State Zip Code
Sioux Falls SD 57104-3605

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: A-C14

Amount of Each Receipt this Period
2400.00

SUBTOTAL of Receipts This Page (optional) ► **3150.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Darlys R. Hofer
Mailing Address 629 W 9th Street
City State Zip Code
Sioux Falls SD 57104-3605
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Urology Specialists Surgeon
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2650.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9
Transaction ID: A-C15
Amount of Each Receipt this Period
2400.00

B. Full Name (Last, First, Middle Initial)
Darlys R. Hofer
Mailing Address 629 W 9th Street
City State Zip Code
Sioux Falls SD 57104-3605
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Urology Specialists Surgeon
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2650.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9
Transaction ID: A-C37
Amount of Each Receipt this Period
250.00
Reattribution/Redesignati-
on requested

C. Full Name (Last, First, Middle Initial)
Darlys R. Hofer
Mailing Address 629 W 9th Street
City State Zip Code
Sioux Falls SD 57104-3605
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Urology Specialists Surgeon
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2650.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9
Transaction ID: A-MC15
Amount of Each Receipt this Period
-250.00
Redesignation from primary
election
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 2650.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Darlys R. Hofer

Mailing Address 629 W 9th Street

City State Zip Code
Sioux Falls SD 57104-3605

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

Name of Employer Occupation
Urology Specialists Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: A-MC16

Amount of Each Receipt this Period
250.00

Redesignation to general election

[MEMO ITEM]

2650.00

B. Full Name (Last, First, Middle Initial)
Charles B. Hoffman

Mailing Address 34328 106th Street

City State Zip Code
Eureka SD 57437-5302

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

Name of Employer Occupation
O Ranch Inc. Cattle Rancher

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: A-C140

Amount of Each Receipt this Period
250.00

250.00

C. Full Name (Last, First, Middle Initial)
David L. Hoversten

Mailing Address 3001 W Donahue Drive

City State Zip Code
Sioux Falls SD 57105-0153

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

Name of Employer Occupation
Dakota Orthopedics Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: A-C60

Amount of Each Receipt this Period
500.00

500.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 71
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	15
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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Marilyn Hoversten

Mailing Address 3001 W Donahue Drive

City State Zip Code
Sioux Falls SD 57105-0153

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 14 / 2009

Transaction ID: A-C61

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Lois E. Howard

Mailing Address 215 E 27th Street

City State Zip Code
Sioux Falls SD 57105-3012

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

Name of Employer Occupation
Sioux Falls Center- Plastic Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 09 / 2009

Transaction ID: A-C43

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Richard J. Howard

Mailing Address 215 E 27th Street

City State Zip Code
Sioux Falls SD 57105-3012

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 30 / 2009

Transaction ID: A-C72

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 71

(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Mitchell C. Johnson

Mailing Address 2823 S Saint Charles Lane

City State Zip Code
Sioux Falls SD 57103-4671

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Orthopedic Institute Surgeon

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1460.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 09 / 2009

Transaction ID: A-C49

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Mitchell C. Johnson

Mailing Address 2823 S Saint Charles Lane

City State Zip Code
Sioux Falls SD 57103-4671

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Orthopedic Institute Surgeon

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1460.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: A-PI1

Amount of Each Receipt this Period 240.00

[MEMO ITEM]
Partnership Itemization Memo

C.

Full Name (Last, First, Middle Initial)
Mitchell C. Johnson

Mailing Address 2823 S Saint Charles Lane

City State Zip Code
Sioux Falls SD 57103-4671

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Orthopedic Institute Surgeon

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1460.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: A-PI11

Amount of Each Receipt this Period 240.00

[MEMO ITEM]
Partnership Itemization Memo

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Mitchell C. Johnson

Mailing Address 2823 S Saint Charles Lane

City State Zip Code
Sioux Falls SD 57103-4671

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

Name of Employer Occupation
Orthopedic Institute Surgeon

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: A-PI25

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization Memo

B. Full Name (Last, First, Middle Initial)
Mitchell C. Johnson

Mailing Address 2823 S Saint Charles Lane

City State Zip Code
Sioux Falls SD 57103-4671

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

Name of Employer Occupation
Orthopedic Institute Surgeon

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: A-PI35

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization Memo

C. Full Name (Last, First, Middle Initial)
William M. Karnes

Mailing Address 835 Hill Road

City State Zip Code
Winnetka IL 60093-3918

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

Name of Employer Occupation
Regent Surgical Health CFO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: A-C117

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 71

(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Sara M. Keane

Mailing Address 1001 E 63rd Street

City State Zip Code
Sioux Falls SD 57108-4637

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

Name of Employer Occupation
Orthopedic Institute Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: A-MC14

Amount of Each Receipt this Period

600.00

Reattribution from spouse

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Steve Kirby

Mailing Address 24 S Riverview Heights

City State Zip Code
Sioux Falls SD 57105-0259

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

Name of Employer Occupation
Bluestem Venture Capitalist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: A-C89

Amount of Each Receipt this Period

4800.00

Reattribution/Redesignati-
on requested

C.

Full Name (Last, First, Middle Initial)
Steve Kirby

Mailing Address 24 S Riverview Heights

City State Zip Code
Sioux Falls SD 57105-0259

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

Name of Employer Occupation
Bluestem Venture Capitalist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: A-MC33

Amount of Each Receipt this Period

-2400.00

Redesignation from primary
election

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

4800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Steve Kirby
 Mailing Address 24 S Riverview Heights
 City State Zip Code
 Sioux Falls SD 57105-0259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bluestem Venture Capitalist
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 3 / 2 0 0 9
Transaction ID: A-MC34
 Amount of Each Receipt this Period
 2400.00
 Redesignation to general election
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Suzie Kirby
 Mailing Address 24 S Riverview Heights
 City State Zip Code
 Sioux Falls SD 57105-0259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Homemaker Homemaker
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 9
Transaction ID: A-C90
 Amount of Each Receipt this Period
 4800.00
 Reattribution/Redesignation requested

C. Full Name (Last, First, Middle Initial)
Suzie Kirby
 Mailing Address 24 S Riverview Heights
 City State Zip Code
 Sioux Falls SD 57105-0259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Homemaker Homemaker
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 3 / 2 0 0 9
Transaction ID: A-MC35
 Amount of Each Receipt this Period
 -2400.00
 Redesignation from primary election
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 4800.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 34 / 71

(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Suzie Kirby

Mailing Address 24 S Riverview Heights

City State Zip Code
Sioux Falls SD 57105-0259

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: A-MC36

Amount of Each Receipt this Period

2400.00

Redesignation to general election

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Donald H. Knudson

Mailing Address 701 E Plum Creek Road

City State Zip Code
Sioux Falls SD 57105-6946

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1210.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: A-C42

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Donald H. Knudson

Mailing Address 701 E Plum Creek Road

City State Zip Code
Sioux Falls SD 57105-6946

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1210.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-PI9

Amount of Each Receipt this Period

240.00

[MEMO ITEM]
Partnership Itemization
Memo

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 71
(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial) Donald H. Knudson		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 701 E Plum Creek Road		Transaction ID: A-PI19
City Sioux Falls	State SD	Zip Code 57105-6946
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Self-Employed	Occupation Physician	[MEMO ITEM] Partnership Itemization Memo
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1210.00	

B.

Full Name (Last, First, Middle Initial) Donald H. Knudson		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 701 E Plum Creek Road		Transaction ID: A-PI22
City Sioux Falls	State SD	Zip Code 57105-6946
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Self-Employed	Occupation Physician	[MEMO ITEM] Partnership Itemization Memo
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1210.00	

C.

Full Name (Last, First, Middle Initial) Donald H. Knudson		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 701 E Plum Creek Road		Transaction ID: A-PI32
City Sioux Falls	State SD	Zip Code 57105-6946
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Self-Employed	Occupation Physician	[MEMO ITEM] Partnership Itemization Memo
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1210.00	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Patrick J. Lawler

Mailing Address 1301 W Ralph Rogers Road

City State Zip Code
Sioux Falls SD 57108-2702

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
11 / 23 / 2009

Transaction ID: A-C34

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Richard Little

Mailing Address PO Box 1313

City State Zip Code
Spearfish SD 57783-7313

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

Name of Employer Regional Health Occupation
Orthopedic Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: A-C144

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Katherine M. Looby

Mailing Address 5021 S Old Yankton Place

City State Zip Code
Sioux Falls SD 57108-2637

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

Name of Employer Homemaker Occupation
Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: A-MC24

Amount of Each Receipt this Period
2400.00

Reattribution from spouse

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 37 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Katherine M. Looby
 Mailing Address 5021 S Old Yankton Place
 City State Zip Code
 Sioux Falls SD 57108-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Homemaker Homemaker
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 9
Transaction ID: A-C142
 Amount of Each Receipt this Period
 2400.00
 Reattribution/Redesignati-
 on requested

B. Full Name (Last, First, Middle Initial)
Peter A. Looby
 Mailing Address 5021 S Old Yankton Place
 City State Zip Code
 Sioux Falls SD 57108-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopedic Institute Surgeon
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 9 / 2 0 0 9
Transaction ID: A-C45
 Amount of Each Receipt this Period
 4800.00
 Reattribution/Redesignati-
 on requested

C. Full Name (Last, First, Middle Initial)
Peter A. Looby
 Mailing Address 5021 S Old Yankton Place
 City State Zip Code
 Sioux Falls SD 57108-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopedic Institute Surgeon
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 9
Transaction ID: A-MC23
 Amount of Each Receipt this Period
 -2400.00
 Reattribution to spouse
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 7200.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 38 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

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

Mailing Address 5021 S Old Yankton Place

City State Zip Code
Sioux Falls SD 57108-2637

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

Name of Employer Occupation
Orthopedic Institute Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: A-C141

Amount of Each Receipt this Period
2400.00

Reattribution/Redesignation requested

4800.00

B. Full Name (Last, First, Middle Initial)
James MacDougall

Mailing Address 38608 128th Street

City State Zip Code
Aberdeen SD 57401-8158

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

Name of Employer Occupation
Orthopedic Surgery Spec. Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-C118

Amount of Each Receipt this Period
4800.00

Reattribution/Redesignation requested

4800.00

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

Mailing Address 36 Regent Drive

City State Zip Code
Oak Brook IL 60523-1729

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

Name of Employer Occupation
Regent Surgical Health CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A-C20

Amount of Each Receipt this Period
1000.00

1000.00

SUBTOTAL of Receipts This Page (optional) ► **8200.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 71
(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A. Full Name (Last, First, Middle Initial) Matthew S. McCaulley</p> <p>Mailing Address 1508 W 71st Street</p> <p>City State Zip Code Sioux Falls SD 57108-3223</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Murphy, Goldammer, Prenderga Attorney</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt MM / DD / YYYY 10 / 16 / 2009</p> <p>Transaction ID: A-C12</p> <p>Amount of Each Receipt this Period 500.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Eugene McGowan</p> <p>Mailing Address 308 E Pennbrook Circle</p> <p>City State Zip Code Sioux Falls SD 57108-2991</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation McGowan Capital Group CEO</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2009</p> <p>Transaction ID: A-C127</p> <p>Amount of Each Receipt this Period 250.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Michael E. McGowan</p> <p>Mailing Address 2127 S Minnesota Avenue</p> <p>City State Zip Code Sioux Falls SD 57105-3752</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self-Employed Podiatrist</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt MM / DD / YYYY 12 / 14 / 2009</p> <p>Transaction ID: A-C58</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 40 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

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

Mailing Address 2127 S Minnesota Avenue

City State Zip Code
Sioux Falls SD 57105-3752

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

Name of Employer Self-Employed Occupation
Podiatrist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1460.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-PI2

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization
Memo

B. Full Name (Last, First, Middle Initial)
Michael E. McGowan

Mailing Address 2127 S Minnesota Avenue

City State Zip Code
Sioux Falls SD 57105-3752

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

Name of Employer Self-Employed Occupation
Podiatrist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1460.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-PI12

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization
Memo

C. Full Name (Last, First, Middle Initial)
Michael E. McGowan

Mailing Address 2127 S Minnesota Avenue

City State Zip Code
Sioux Falls SD 57105-3752

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

Name of Employer Self-Employed Occupation
Podiatrist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1460.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-PI26

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization
Memo

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

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

Mailing Address 2127 S Minnesota Avenue

City State Zip Code
Sioux Falls SD 57105-3752

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

Name of Employer Self-Employed Occupation
Podiatrist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization Memo

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

Mailing Address 4701 S Lewis Avenue

City State Zip Code
Sioux Falls SD 57103-5413

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

Name of Employer Independent Women's Care Occupation
OB/GYN

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
250.00

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

Mailing Address 4701 S Lewis Avenue

City State Zip Code
Sioux Falls SD 57103-5413

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

Name of Employer Independent Women's Care Occupation
OB/GYN

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization Memo

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 71
(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Mary Meierhenry

Mailing Address 4701 S Lewis Avenue

City State Zip Code
Sioux Falls SD 57103-5413

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

Name of Employer Occupation
Independent Women's Care OB/GYN

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: A-PI33

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization Memo

B.

Full Name (Last, First, Middle Initial)
Timothy J. Metz

Mailing Address 5113 S Blackberry Drive

City State Zip Code
Sioux Falls SD 57108-2870

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
11 / 13 / 2009

Transaction ID: A-C31

Amount of Each Receipt this Period
2000.00

C.

Full Name (Last, First, Middle Initial)
Timothy J. Metz

Mailing Address 5113 S Blackberry Drive

City State Zip Code
Sioux Falls SD 57108-2870

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 09 / 2009

Transaction ID: A-C44

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 71
(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A. Full Name (Last, First, Middle Initial) JoAnn Meyer</p> <p>Mailing Address 2505 E Slaten Park Circle</p> <p>City State Zip Code Sioux Falls SD 57103-4648</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Homemaker Homemaker</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align:right">4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9</p> <p>Transaction ID: A-C21</p> <p>Amount of Each Receipt this Period 2500.00</p> <p>Reattribution/Redesignati- on requested</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) JoAnn Meyer</p> <p>Mailing Address 2505 E Slaten Park Circle</p> <p>City State Zip Code Sioux Falls SD 57103-4648</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Homemaker Homemaker</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align:right">4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9</p> <p>Transaction ID: A-MC18</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Reattribution from spouse</p> <p>[MEMO ITEM]</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) JoAnn Meyer</p> <p>Mailing Address 2505 E Slaten Park Circle</p> <p>City State Zip Code Sioux Falls SD 57103-4648</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Homemaker Homemaker</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align:right">4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9</p> <p>Transaction ID: A-MC19</p> <p>Amount of Each Receipt this Period -2400.00</p> <p>Redesignation from primary election</p> <p>[MEMO ITEM]</p>
---	---

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>2500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 71
(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) JoAnn Meyer		Date of Receipt
	Mailing Address 2505 E Slaten Park Circle		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Sioux Falls	SD	57103-4648
	FEC ID number of contributing federal political committee. C		Transaction ID: A-MC20
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="2400.00"/>
		<input type="text" value="4800.00"/>	Redesignation to general election
			[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Vaughn H. Meyer		Date of Receipt
	Mailing Address 2505 E Slaten Park Circle		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Sioux Falls	SD	57103-4648
	FEC ID number of contributing federal political committee. C		Transaction ID: A-C39
Name of Employer Plastic Surgery Associates		Occupation Plastic Surgeon	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="7100.00"/>
		<input type="text" value="4800.00"/>	Reattribution/Redesignation requested

C.	Full Name (Last, First, Middle Initial) Vaughn H. Meyer		Date of Receipt
	Mailing Address 2505 E Slaten Park Circle		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Sioux Falls	SD	57103-4648
	FEC ID number of contributing federal political committee. C		Transaction ID: A-MC17
Name of Employer Plastic Surgery Associates		Occupation Plastic Surgeon	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="-2300.00"/>
		<input type="text" value="4800.00"/>	Reattribution to spouse
			[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="7100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A. Full Name (Last, First, Middle Initial) Vaughn H. Meyer</p> <p>Mailing Address 2505 E Slaten Park Circle</p> <p>City State Zip Code Sioux Falls SD 57103-4648</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Plastic Surgery Associates Occupation: Plastic Surgeon</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9</p> <p>Transaction ID: A-MC21</p> <p>Amount of Each Receipt this Period -2400.00</p> <p>Redesignation from primary election</p> <p>[MEMO ITEM]</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Vaughn H. Meyer</p> <p>Mailing Address 2505 E Slaten Park Circle</p> <p>City State Zip Code Sioux Falls SD 57103-4648</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Plastic Surgery Associates Occupation: Plastic Surgeon</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9</p> <p>Transaction ID: A-MC22</p> <p>Amount of Each Receipt this Period 2400.00</p> <p>Redesignation to general election</p> <p>[MEMO ITEM]</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Jeremiah D. Murphy</p> <p>Mailing Address PO Box 1535</p> <p>City State Zip Code Sioux Falls SD 57101-1535</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Murphy, Goldammer, Prenderga Occupation: Attorney</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 9</p> <p>Transaction ID: A-C11</p> <p>Amount of Each Receipt this Period 1000.00</p>
---	---

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 46 / 71	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Judith K. Nelson		Date of Receipt																				
	Mailing Address 5115 Rolling Green Avenue Apt. 310		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	3	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	1	/	2	3	/	2	0	0	9													
	City State Zip Code Sioux Falls SD 57108-2218		Transaction ID: A-C33																				
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																				
Name of Employer Occupation Orthopedic Institute CEO																							
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00																					

B.	Full Name (Last, First, Middle Initial) Joe Olsen		Date of Receipt																				
	Mailing Address 27106 Eagle Ridge Place		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	9	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	0	9	/	2	0	0	9													
	City State Zip Code Harrisburg SD 57032-8232		Transaction ID: A-C38																				
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																				
Name of Employer Occupation Childrens Dental Center Dentist																							
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1460.00																					

C.	Full Name (Last, First, Middle Initial) Joe Olsen		Date of Receipt																				
	Mailing Address 27106 Eagle Ridge Place		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	3	1	/	2	0	0	9													
	City State Zip Code Harrisburg SD 57032-8232		Transaction ID: A-PI3																				
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00																				
Name of Employer Occupation Childrens Dental Center Dentist																							
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1460.00																					

[MEMO ITEM]
Partnership Itemization
Memo

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 71

(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A. Full Name (Last, First, Middle Initial) Joe Olsen</p> <p>Mailing Address 27106 Eagle Ridge Place</p> <p>City State Zip Code Harrisburg SD 57032-8232</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Childrens Dental Center</p> <p>Occupation Dentist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1460.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: A-PI13</p> <p>Amount of Each Receipt this Period 240.00</p> <p>[MEMO ITEM] Partnership Itemization Memo</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Joe Olsen</p> <p>Mailing Address 27106 Eagle Ridge Place</p> <p>City State Zip Code Harrisburg SD 57032-8232</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Childrens Dental Center</p> <p>Occupation Dentist</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1460.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: A-PI27</p> <p>Amount of Each Receipt this Period 240.00</p> <p>[MEMO ITEM] Partnership Itemization Memo</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Joe Olsen</p> <p>Mailing Address 27106 Eagle Ridge Place</p> <p>City State Zip Code Harrisburg SD 57032-8232</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Childrens Dental Center</p> <p>Occupation Dentist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1460.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: A-PI37</p> <p>Amount of Each Receipt this Period 240.00</p> <p>[MEMO ITEM] Partnership Itemization Memo</p>
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SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 48 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Bradley L. Olson

Mailing Address 2608 S Elmwood Avenue

City State Zip Code
Sioux Falls SD 57105-4344

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

Name of Employer AA Inc Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	9

Transaction ID: A-C54

Amount of Each Receipt this Period
500.00

Election Cycle-to-Date ▼ 500.00

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

Mailing Address 13325 Muir Drive NW

City State Zip Code
Gig Harbor WA 98332-7832

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

Name of Employer Group Health Permanente Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	9

Transaction ID: A-C76

Amount of Each Receipt this Period
250.00

Election Cycle-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial)
Douglas M. Peterson

Mailing Address 608 N Old Cabin Trail

City State Zip Code
Sioux Falls SD 57110-6220

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

Name of Employer Eide Bailly LLP Occupation CPA

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: A-C111

Amount of Each Receipt this Period
1000.00

Election Cycle-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Anthony J. Ratchford

Mailing Address 6518 S Killarney Court

City State Zip Code
Sioux Falls SD 57108-3207

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

Name of Employer Occupation
Self-Employed Real Estate Broker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: A-C67

Amount of Each Receipt this Period
250.00

250.00

B. Full Name (Last, First, Middle Initial)
Chad Robran

Mailing Address 19805 Olde Sturbridge Road

City State Zip Code
Hamel MN 55340-9644

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

Name of Employer Occupation
Excel Medical Solutions, Inc Sales

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: A-C81

Amount of Each Receipt this Period
1000.00

1000.00

C. Full Name (Last, First, Middle Initial)
Peter K. Rodman

Mailing Address 17 E Big Sky Place

City State Zip Code
Sioux Falls SD 57110-5708

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

Name of Employer Occupation
Orthopedic Institute Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: A-C53

Amount of Each Receipt this Period
500.00

1460.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 71

(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial) Peter K. Rodman		Date of Receipt MM / DD / YYYY 12 / 31 / 2009	
Mailing Address 17 E Big Sky Place		Transaction ID: A-PI4	
City Sioux Falls	State SD	Zip Code 57110-5708	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopedic Institute	Occupation Surgeon		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1460.00	[MEMO ITEM] Partnership Itemization Memo	

B.

Full Name (Last, First, Middle Initial) Peter K. Rodman		Date of Receipt MM / DD / YYYY 12 / 31 / 2009	
Mailing Address 17 E Big Sky Place		Transaction ID: A-PI14	
City Sioux Falls	State SD	Zip Code 57110-5708	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopedic Institute	Occupation Surgeon		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1460.00	[MEMO ITEM] Partnership Itemization Memo	

C.

Full Name (Last, First, Middle Initial) Peter K. Rodman		Date of Receipt MM / DD / YYYY 12 / 31 / 2009	
Mailing Address 17 E Big Sky Place		Transaction ID: A-PI28	
City Sioux Falls	State SD	Zip Code 57110-5708	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopedic Institute	Occupation Surgeon		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1460.00	[MEMO ITEM] Partnership Itemization Memo	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Peter K. Rodman
Mailing Address 17 E Big Sky Place
City State Zip Code
Sioux Falls SD 57110-5708
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Orthopedic Institute Surgeon
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1460.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9
Transaction ID: A-PI38
Amount of Each Receipt this Period
240.00
[MEMO ITEM]
Partnership Itemization
Memo

B. Full Name (Last, First, Middle Initial)
Wade Roelfsema
Mailing Address 3905 E Marson Drive
City State Zip Code
Sioux Falls SD 57103-7231
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Zimmer Davis Sales
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9
Transaction ID: A-C26
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Steven L. Rohlf
Mailing Address 8809 E Hidden Valley Road
City State Zip Code
Sioux Falls SD 57110-7432
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Rohlf Medical Distributors Owner
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9
Transaction ID: A-C1
Amount of Each Receipt this Period
4800.00
Reattribution/Redesignation requested

SUBTOTAL of Receipts This Page (optional) ► 5300.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 71

(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Steven L. Rohlf

Mailing Address 8809 E Hidden Valley Road

City State Zip Code
Sioux Falls SD 57110-7432

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

Name of Employer Occupation
Rohlf Medical Distributors Owner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 9

Transaction ID: A-MC1

Amount of Each Receipt this Period
-2400.00

Reattribution from spouse

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Tracie J. Rohlf

Mailing Address 8809 E Hidden Valley Road

City State Zip Code
Sioux Falls SD 57110-7432

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 9

Transaction ID: A-MC2

Amount of Each Receipt this Period
2400.00

Reattribution from spouse

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Peter Ross

Mailing Address 1330 Chinook Drive

City State Zip Code
Kenai AK 99611-8642

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: A-C139

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Corey Rothrock

Mailing Address 1425 Saint James Court

City State Zip Code
Louisville KY 40208-2126

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

Name of Employer Occupation
Norton Healthcare Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: A-C78

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Michael E. Russell, II

Mailing Address 5930 Brixworth Drive

City State Zip Code
Tyler TX 75703-5529

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

Name of Employer Occupation
Azalea Orthopedics Orthopedic Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A-C22

Amount of Each Receipt this Period
2400.00

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

Mailing Address 11603 E Wethersfield Road

City State Zip Code
Scottsdale AZ 85259-2623

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

Name of Employer Occupation
Medical Facilities Corporation Chief Financial Officer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: A-C75

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **4400.00**

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

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

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

FOR LINE NUMBER: PAGE 54 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Ann M. Schellpfeffer

Mailing Address 26912 Baker Park Place

City State Zip Code
Sioux Falls SD 57108-8202

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: A-C59

Amount of Each Receipt this Period
3000.00

Reattribution/Redesignati-
on requested

B. Full Name (Last, First, Middle Initial)
Ryan Schellpfeffer

Mailing Address 221 W 24th Street

City State Zip Code
Sioux Falls SD 57105-1829

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

Name of Employer Occupation
Anesthesiology Associates Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 9

Transaction ID: A-C6

Amount of Each Receipt this Period
2400.00

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

Mailing Address 6808 N Barnett Lane

City State Zip Code
Milwaukee WI 53217-3601

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

Name of Employer Occupation
Sports Medicine & Orthopedic Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: A-C87

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **5900.00**

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

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

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

FOR LINE NUMBER: PAGE 55 / 71

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Rueben Setliff

Mailing Address 910 E 20th Street

City State Zip Code
Sioux Falls SD 57105-1012

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 795.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 9

Transaction ID: A-I150

Amount of Each Receipt this Period

795.00

Inkind: Furniture Purchase

B.

Full Name (Last, First, Middle Initial)
Keith A. Severson, Jr.

Mailing Address 5808 E Tomar Rd

City State Zip Code
Sioux Falls SD 57108

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

Name of Employer Occupation
CPA Eide Bailly LLP

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-C119

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Chandar Singaram

Mailing Address 6001 S Cliff Avenue
Apt. 316

City State Zip Code
Sioux Falls SD 57108-6117

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

Name of Employer Occupation
Midwest Ear, Nose, & Throat Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: A-C46

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2295.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A. Full Name (Last, First, Middle Initial) Chandar Singaram</p> <p>Mailing Address 6001 S Cliff Avenue Apt. 316</p> <p>City State Zip Code Sioux Falls SD 57108-6117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Midwest Ear, Nose, & Throat Surgeon</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1460.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: A-PI6</p> <p>Amount of Each Receipt this Period 240.00</p> <p>[MEMO ITEM] Partnership Itemization Memo</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Chandar Singaram</p> <p>Mailing Address 6001 S Cliff Avenue Apt. 316</p> <p>City State Zip Code Sioux Falls SD 57108-6117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Midwest Ear, Nose, & Throat Surgeon</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1460.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: A-PI16</p> <p>Amount of Each Receipt this Period 240.00</p> <p>[MEMO ITEM] Partnership Itemization Memo</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Chandar Singaram</p> <p>Mailing Address 6001 S Cliff Avenue Apt. 316</p> <p>City State Zip Code Sioux Falls SD 57108-6117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Midwest Ear, Nose, & Throat Surgeon</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1460.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: A-PI29</p> <p>Amount of Each Receipt this Period 240.00</p> <p>[MEMO ITEM] Partnership Itemization Memo</p>
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SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 71
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Chandar Singaram

Mailing Address 6001 S Cliff Avenue
Apt. 316

City State Zip Code
Sioux Falls SD 57108-6117

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

Name of Employer Occupation
Midwest Ear, Nose, & Throat Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-PI39

Amount of Each Receipt this Period
240.00

[MEMO ITEM]
Partnership Itemization
Memo

Election Cycle-to-Date Amount: 1460.00

B. Full Name (Last, First, Middle Initial)
Craig Milton Smith

Mailing Address 810 E 23rd Street

City State Zip Code
Sioux Falls SD 57105-2135

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

Name of Employer Occupation
SD Transportation Department Engineer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-C113

Amount of Each Receipt this Period
300.00

Election Cycle-to-Date Amount: 300.00

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

Mailing Address 805 W Tradewinds Street

City State Zip Code
Sioux Falls SD 57108-4112

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

Name of Employer Occupation
SMP Healthcare Executive

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: A-C41

Amount of Each Receipt this Period
200.00

Election Cycle-to-Date Amount: 680.00

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Mary Sturm		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 805 W Tradewinds Street		Transaction ID: A-PI10
	City State Zip Code Sioux Falls SD 57108-4112	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 240.00
	Name of Employer SMP Occupation Healthcare Executive	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 680.00

[MEMO ITEM]
Partnership Itemization Memo

B.	Full Name (Last, First, Middle Initial) Mary Sturm		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 805 W Tradewinds Street		Transaction ID: A-PI20
	City State Zip Code Sioux Falls SD 57108-4112	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 240.00
	Name of Employer SMP Occupation Healthcare Executive	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 680.00

[MEMO ITEM]
Partnership Itemization Memo

C.	Full Name (Last, First, Middle Initial) Maureen E. Suga		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 215 E 21st Street		Transaction ID: A-C36
	City State Zip Code Sioux Falls SD 57105-1924	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00
	Name of Employer Homemaker Occupation Homemaker	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00

Reattribution/Redesignati-
on requested

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 71
(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial) Maureen E. Suga		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
Mailing Address 215 E 21st Street		Transaction ID: A-C51
City Sioux Falls	State SD	Zip Code 57105-1924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Homemaker	Occupation Homemaker	Reattribution/Redesignati- on requested
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

B.

Full Name (Last, First, Middle Initial) Maureen E. Suga		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
Mailing Address 215 E 21st Street		Transaction ID: A-C52
City Sioux Falls	State SD	Zip Code 57105-1924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Homemaker	Occupation Homemaker	Reattribution/Redesignati- on requested
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

C.

Full Name (Last, First, Middle Initial) Maureen E. Suga		Date of Receipt MM / DD / YYYY 12 / 22 / 2009
Mailing Address 215 E 21st Street		Transaction ID: A-MC25
City Sioux Falls	State SD	Zip Code 57105-1924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -600.00
Name of Employer Homemaker	Occupation Homemaker	Reattribution to spouse [MEMO ITEM]
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 60 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Robert Suga
Mailing Address 215 E 21st Street
City State Zip Code
Sioux Falls SD 57105-1924
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Orthopedic Institute Surgeon
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
600.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9
Transaction ID: A-MC26
Amount of Each Receipt this Period
600.00
Reattribution from spouse
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Bradley Thaemert
Mailing Address 5100 S Sweetwater Place
City State Zip Code
Sioux Falls SD 57108-5051
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Surgical Institute of SD Physician
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 9
Transaction ID: A-C73
Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jana Thompson
Mailing Address 3803 S Cliff Avenue
City State Zip Code
Sioux Falls SD 57103-4524
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Homemaker Homemaker
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9
Transaction ID: A-C56
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 71
(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial) Daniel W. Todd		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 5800 S Copperhead Drive		Transaction ID: A-PI7
City Sioux Falls	State SD	Zip Code 57108-2030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Midwest Ear, Nose, & Throat	Occupation Surgeon	[MEMO ITEM] Partnership Itemization Memo
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1460.00	

B.

Full Name (Last, First, Middle Initial) Daniel W. Todd		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 5800 S Copperhead Drive		Transaction ID: A-PI17
City Sioux Falls	State SD	Zip Code 57108-2030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Midwest Ear, Nose, & Throat	Occupation Surgeon	[MEMO ITEM] Partnership Itemization Memo
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1460.00	

C.

Full Name (Last, First, Middle Initial) Daniel W. Todd		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 5800 S Copperhead Drive		Transaction ID: A-PI30
City Sioux Falls	State SD	Zip Code 57108-2030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Midwest Ear, Nose, & Throat	Occupation Surgeon	[MEMO ITEM] Partnership Itemization Memo
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1460.00	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 71

(check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Daniel W. Todd

Mailing Address 5800 S Copperhead Drive

City State Zip Code
Sioux Falls SD 57108-2030

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

Name of Employer
Midwest Ear, Nose, & Throat

Occupation
Surgeon

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1460.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-PI40

Amount of Each Receipt this Period

240.00

[MEMO ITEM]

Partnership Itemization Memo

B.

Full Name (Last, First, Middle Initial)
Daniel W. Todd

Mailing Address 5800 S Copperhead Drive

City State Zip Code
Sioux Falls SD 57108-2030

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

Name of Employer
Midwest Ear, Nose, & Throat

Occupation
Surgeon

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1460.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A-C110

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Daniel G. Tynan

Mailing Address 1210 W 18th Street
Suite 204

City State Zip Code
Sioux Falls SD 57104-4650

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

Name of Employer
North Center

Occupation
Surgeon

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: A-C57

Amount of Each Receipt this Period

9600.00

Reattribution/Redesignation requested

SUBTOTAL of Receipts This Page (optional)

10100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A. Full Name (Last, First, Middle Initial) Daniel G. Tynan</p> <p>Mailing Address 1210 W 18th Street Suite 204</p> <p>City State Zip Code Sioux Falls SD 57104-4650</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation North Center Surgeon</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9</p> <p>Transaction ID: A-MC27</p> <p>Amount of Each Receipt this Period -4800.00</p> <p>Reattribution to spouse</p> <p>[MEMO ITEM]</p>
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<p>B. Full Name (Last, First, Middle Initial) Daniel G. Tynan</p> <p>Mailing Address 1210 W 18th Street Suite 204</p> <p>City State Zip Code Sioux Falls SD 57104-4650</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation North Center Surgeon</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9</p> <p>Transaction ID: A-MC28</p> <p>Amount of Each Receipt this Period -2400.00</p> <p>Redesignation from primary election</p> <p>[MEMO ITEM]</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Daniel G. Tynan</p> <p>Mailing Address 1210 W 18th Street Suite 204</p> <p>City State Zip Code Sioux Falls SD 57104-4650</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation North Center Surgeon</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9</p> <p>Transaction ID: A-MC29</p> <p>Amount of Each Receipt this Period 2400.00</p> <p>Redesignation to general election</p> <p>[MEMO ITEM]</p>
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SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Mary A. Tynan

Mailing Address 1210 W 18th Street
Suite 204

City State Zip Code
Sioux Falls SD 57104-4650

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: A-MC30

Amount of Each Receipt this Period
-2400.00

Redesignation from primary election

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mary A. Tynan

Mailing Address 1210 W 18th Street
Suite 204

City State Zip Code
Sioux Falls SD 57104-4650

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: A-MC31

Amount of Each Receipt this Period
2400.00

Redesignation to general election

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mary A. Tynan

Mailing Address 1210 W 18th Street
Suite 204

City State Zip Code
Sioux Falls SD 57104-4650

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: A-MC32

Amount of Each Receipt this Period
4800.00

Reattribution from spouse

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) John C. Vanderwoude		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 16 E Twin Oaks Estate		Transaction ID: A-C55
	City Sioux Falls	State SD	Zip Code 57105-7015
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Physician	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	250.00	

B.	Full Name (Last, First, Middle Initial) David West		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 5204 S Sawgrass Circle		Transaction ID: A-C112
	City Sioux Falls	State SD	Zip Code 57108-4613
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Ophthalmology Ltd	Occupation Physician	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	500.00	

C.	Full Name (Last, First, Middle Initial) Matthew Witte		Date of Receipt MM / DD / YYYY 10 / 20 / 2009
	Mailing Address 1212 N Vail Drive		Transaction ID: A-C70
	City Sioux Falls	State SD	Zip Code 57110-5700
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Urology Specialists	Occupation Physician	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	167845.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Friends for Val Rausch
Mailing Address PO Box 176
City State Zip Code
Big Stone City SD 57216-0176
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9
Transaction ID: A-C109
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Gosch for House of Representatives
Mailing Address 312 Alta Vista Drive
City State Zip Code
Rapid City SD 57701-2337
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9
Transaction ID: A-C132
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Physician Hospitals of America PAC
Mailing Address 5900 S Western Avenue
Suite 102
City State Zip Code
Sioux Falls SD 57108-5082
FEC ID number of contributing federal political committee. **C** C00394163
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9
Transaction ID: A-C10
Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 6500.00
TOTAL This Period (last page this line number only) ► 6500.00

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

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

FOR LINE NUMBER: PAGE 67 / 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Curd for Congress

A. Full Name (Last, First, Middle Initial)
Richard Blake Curd
Mailing Address 810 E 23rd Street
City State Zip Code
Sioux Falls SD 57105-2135
FEC ID number of contributing federal political committee. **C** H0SD00021
Name of Employer Self-Employed Occupation
Physician
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9
Transaction ID: A-C133
Amount of Each Receipt this Period
2400.00

B. Full Name (Last, First, Middle Initial)
Richard Blake Curd
Mailing Address 810 E 23rd Street
City State Zip Code
Sioux Falls SD 57105-2135
FEC ID number of contributing federal political committee. **C** H0SD00021
Name of Employer Self-Employed Occupation
Physician
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9
Transaction ID: A-C134
Amount of Each Receipt this Period
2400.00

SUBTOTAL of Receipts This Page (optional) ► 4800.00
TOTAL This Period (last page this line number only) ► 4800.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A. Full Name (Last, First, Middle Initial) Click & Pledge</p> <p>Mailing Address 2200 Kraft Drive Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060-6704</p> <p>Purpose of Disbursement Credit Card Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-103</p> <p>Date of Disbursement 11 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 239.15</p>
<p>B. Full Name (Last, First, Middle Initial) Click & Pledge</p> <p>Mailing Address 2200 Kraft Drive Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060-6704</p> <p>Purpose of Disbursement Credit Card Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-104</p> <p>Date of Disbursement 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 274.48</p>
<p>C. Full Name (Last, First, Middle Initial) Click Rain</p> <p>Mailing Address 401 E 8th Street Suite 220</p> <p>City Sioux Falls State SD Zip Code 57103-7008</p> <p>Purpose of Disbursement Website Development/Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-122</p> <p>Date of Disbursement 12 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 13951.19</p>

SUBTOTAL of Disbursements This Page (optional) ▶

14464.82

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.

Full Name (Last, First, Middle Initial)
Commerce Center Partners

Transaction ID: B-E-96
Date of Disbursement

Mailing Address 230 S Phillips Avenue
Suite 202

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	9	

City State Zip Code
Sioux Falls SD 57104-6321

Amount of Each Disbursement this Period

702.50

Purpose of Disbursement
Rent

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Sisson Printing Inc.

Transaction ID: B-E-93
Date of Disbursement

Mailing Address 3500 S Duluth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	9	

City State Zip Code
Sioux Falls SD 57105-6416

Amount of Each Disbursement this Period

156.46

Purpose of Disbursement
Printing

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Sisson Printing Inc.

Transaction ID: B-E-95
Date of Disbursement

Mailing Address 3500 S Duluth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	9	

City State Zip Code
Sioux Falls SD 57105-6416

Amount of Each Disbursement this Period

92.86

Purpose of Disbursement
Printing

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

951.82

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sisson Printing Inc.</p> <p>Mailing Address 3500 S Duluth Avenue</p> <p>City Sioux Falls State SD Zip Code 57105-6416</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-98</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 289.59</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sisson Printing Inc.</p> <p>Mailing Address 3500 S Duluth Avenue</p> <p>City Sioux Falls State SD Zip Code 57105-6416</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-100</p> <p>Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 218.68</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1 Verizon Way</p> <p>City Basking Ridge State NJ Zip Code 07920-1025</p> <p>Purpose of Disbursement Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-94</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 425.61</p>

SUBTOTAL of Disbursements This Page (optional) ▶

933.88

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Curd for Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: B-E-97 Date of Disbursement
	Mailing Address 1 Verizon Way	<input type="text" value="12"/> <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Basking Ridge State NJ Zip Code 07920-1025	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Service Candidate Name	<input type="text" value="349.03"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: B-E-99 Date of Disbursement
	Mailing Address 1 Verizon Way	<input type="text" value="12"/> <input type="text" value="07"/> / <input type="text" value="2009"/>
	City Basking Ridge State NJ Zip Code 07920-1025	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Service Candidate Name	<input type="text" value="349.03"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rueben Setliff	Transaction ID: B-I-150 Date of Disbursement
	Mailing Address 910 E 20th Street	<input type="text" value="12"/> <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Sioux Falls State SD Zip Code 57105-1012	Amount of Each Disbursement this Period
	Purpose of Disbursement Inkind: Furniture Purchase Candidate Name	<input type="text" value="795.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1493.06"/>
TOTAL This Period (last page this line number only)	<input type="text" value="17843.58"/>