

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.
FRIENDS OF STEWART MILLS

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

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

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 09 / 23 / 2015 through 12 / 31 / 2015

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

Type or Print Name of Treasurer DIANE JOHNSON

Signature of Treasurer DIANE JOHNSON [Electronically Filed] Date 01 / 29 / 2016

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

Write or Type Committee Name

FRIENDS OF STEWART MILLS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	258395.00	258395.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	258395.00	258395.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	86322.70	86322.70
(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)).....	86322.70	86322.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	172072.30	
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

FRIENDS OF STEWART MILLS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	174355.00	174355.00
(ii) Unitemized	57740.00	57740.00
(iii) TOTAL of contributions from individuals	232095.00	232095.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	15500.00	15500.00
(d) The Candidate	10800.00	10800.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	258395.00	258395.00
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.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	258395.00	258395.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	86322.70	86322.70
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	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	86322.70	86322.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	258395.00
25. SUBTOTAL (add Line 23 and Line 24).....	258395.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	86322.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	172072.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) HELMUT ADAM		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2015	
Mailing Address 810 WEST GREEN TREE RD		Transaction ID : SA11AI.4748	
City MILWAUKEE	State WI	Zip Code 53217-3713	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer OLYMPUS GROUP	Occupation CHAIRMAN		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) MR. DEAN M AKINS		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2015	
Mailing Address PO BOX 390195		Transaction ID : SA11AI.4318	
City EDINA	State MN	Zip Code 55439	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer PREMIER PROPERTIES LLC	Occupation PROPERTY MANAGEMENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) CHARLES ALBRECHT		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2015	
Mailing Address 10726 E SHORE DR		Transaction ID : SA11AI.6654	
City MERRIFIELD	State MN	Zip Code 56465-4198	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MID MINNESOTA FCU	Occupation PRESIDENT/CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
RYAN AMACHER

Mailing Address 9284 INTERLACHEN ROAD

City LAKE SHORE State MN Zip Code 56468

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4330

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2441 SW BIRCH FOREST RD

City NISSWA State MN Zip Code 56468-2021

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

Name of Employer ATS Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4582

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3054 GORDON DR

City NAPLES State FL Zip Code 34102-7861

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

Name of Employer API GROUP, INC Occupation OWNER/CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : SA11AI.5613

Amount of Each Receipt this Period
 10000.00
 SEE REATTRIBUTION & REDESIGNATION

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

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

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. LEE ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2015	
Mailing Address 3054 GORDON DR		Transaction ID : SA11AI.5613.0	
City NAPLES	State FL	Zip Code 34102-7861	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -4600.00	
Name of Employer API GROUP, INC	Occupation OWNER/CHAIRMAN		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
		REATTRIBUTION TO SPOUSE [MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. PENNY ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2015	
Mailing Address 3054 GORDON DR		Transaction ID : SA11AI.5613.1	
City NAPLES	State FL	Zip Code 34102-7861	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4600.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4600.00		
		REATTRIBUTED FROM SPOUSE [MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. PENNY ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2015	
Mailing Address 3054 GORDON DR		Transaction ID : SA11AI.5613.2	
City NAPLES	State FL	Zip Code 34102-7861	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -1900.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
		REDESIGNATION TO GENERAL [MEMO ITEM]	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. PENNY ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2015	
Mailing Address 3054 GORDON DR		Transaction ID : SA11AI.5613.3	
City NAPLES	State FL	Zip Code 34102-7861	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1900.00 REDESIGNATED FROM PRIMARY	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4600.00 [MEMO ITEM]		

Full Name (Last, First, Middle Initial) B. LEE ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2015	
Mailing Address 3054 GORDON DR		Transaction ID : SA11AI.5613.4	
City NAPLES	State FL	Zip Code 34102-7861	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2700.00 REDESIGNATION TO GENERAL	
Name of Employer API GROUP, INC	Occupation OWNER/CHAIRMAN		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00 [MEMO ITEM]		

Full Name (Last, First, Middle Initial) C. LEE ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2015	
Mailing Address 3054 GORDON DR		Transaction ID : SA11AI.5613.5	
City NAPLES	State FL	Zip Code 34102-7861	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00 REDESIGNATED FROM PRIMARY	
Name of Employer API GROUP, INC	Occupation OWNER/CHAIRMAN		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00 [MEMO ITEM]		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

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

Mailing Address 3630 PLUM CREEK DR

City SAINT CLOUD State MN Zip Code 56301-9540

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

Name of Employer ANDERSON TRUCKING SERVICE Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : SA11AI.5218

Amount of Each Receipt this Period
 2700.00

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

Mailing Address 3630 PLUM CREEK DR

City SAINT CLOUD State MN Zip Code 56301-9540

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

Name of Employer ANDERSON TRUCKING SERVICE Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.6935

Amount of Each Receipt this Period
 5000.00
 SEE REATTRIBUTION & REDESIGNATION

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

Mailing Address 3630 PLUM CREEK DR

City SAINT CLOUD State MN Zip Code 56301-9540

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

Name of Employer ANDERSON TRUCKING SERVICE Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.6935.0

Amount of Each Receipt this Period
 -2700.00
 REATTRIBUTION TO SPOUSE
[MEMO ITEM]

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

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

7700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

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

Mailing Address 3630 PLUM CREEK ROAD

City SAINT CLOUD State MN Zip Code 56301-9540

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.6935.1

Amount of Each Receipt this Period
2700.00

REATTRIBUTED FROM SPOUSE

[MEMO ITEM]

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

Mailing Address 3630 PLUM CREEK DR

City SAINT CLOUD State MN Zip Code 56301-9540

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

Name of Employer **ANDERSON TRUCKING SERVICE** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.6935.2

Amount of Each Receipt this Period
-2300.00

REDESIGNATION TO GENERAL

[MEMO ITEM]

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

Mailing Address 3630 PLUM CREEK DR

City SAINT CLOUD State MN Zip Code 56301-9540

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

Name of Employer **ANDERSON TRUCKING SERVICE** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.6935.3

Amount of Each Receipt this Period
2300.00

REDESIGNATED FROM PRIMARY

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

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

Mailing Address 40083 NORTH 110TH PLACE

City State Zip Code
SCOTTSDALE AZ 85262

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

Name of Employer Occupation
FABYANSKE LAW FIRM ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : SA11AI.5206

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
RICHARD D ASHMUN

Mailing Address 13150 CYPRESS DRIVE, 309

City State Zip Code
BAXTER MN 56425-8544

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : SA11AI.4978

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
ELAM BAER

Mailing Address 60 S 6TH STREET SUITE 2535

City State Zip Code
MINNEAPOLIS MN 55402

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

Name of Employer Occupation
NORTH CENTRAL EQUITY CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11AI.6454

Amount of Each Receipt this Period
1000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 12 OF 87
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
CHRISTIAN M BARNETT

Mailing Address 2423 COTTAGEWOOD DRIVE

City NISSWA State MN Zip Code 56468

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

Name of Employer ESSEX NATIONAL SECURITIES, LLC Occupation INVESTMENT ADVISER REPRESENTATIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : SA11AI.6676

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MR. FRANK E BEDIENT

Mailing Address 36300 CHRISTMAS POINT RD

City GRAND RAPIDS State MN Zip Code 55744-5320

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11AI.5783

Amount of Each Receipt this Period
 500.00

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

Mailing Address 40494 COUNTY RD 1

City RICE State MN Zip Code 56367-7505

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

Name of Employer BERNICK'S Occupation MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.6352

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

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

Mailing Address 515 5TH AVENUE N

City SAINT CLOUD State MN Zip Code 56303-3500

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.6452

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
LESLIE BERNICK NETTER

Mailing Address 40091 COUNTY ROAD 1

City RICE State MN Zip Code 56367

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

Name of Employer BERNICK'S Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.6450

Amount of Each Receipt this Period
 500.00

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

Mailing Address 9263 N 117TH STREET

City SCOTTSDALE State AZ Zip Code 85259-6359

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

Name of Employer SELF-EMPLOYED Occupation BUSINESS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.5229

Amount of Each Receipt this Period
 250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

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

Mailing Address 4345 157TH AVENUE NW

City ANDOVER State MN Zip Code 55304-2925

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

Name of Employer W.R.C. INC. Occupation SALES AND MARKETING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11AI.4806

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MICHAEL CALBRIETH

Mailing Address 2429 MAYFAIR AVENUE

City SAINT PAUL State MN Zip Code 55110-4867

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

Name of Employer SELF-EMPLOYED Occupation FLOORING SALES/INSTALL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11AI.4798

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
LEANNE M CARLSON

Mailing Address P.O. BOX 568

City NISSWA State MN Zip Code 56468

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4574

Amount of Each Receipt this Period
 150.00

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
ELSA CARPENTER

Mailing Address 18735 11TH AVENUE N

City PLYMOUTH State MN Zip Code 55447-2508

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : SA11AI.5014

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MR. GREG CAUCCI

Mailing Address P.O. BOX 736

City EVELETH State MN Zip Code 55734

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

Name of Employer GRANT CONSTRUCTION Occupation CARPENTER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11AI.5913

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
REGINAL CLOW

Mailing Address 12521 BLUEBILL LANE

City MERRIFIELD State MN Zip Code 56465

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

Name of Employer CLOW STAMPING CO. Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : SA11AI.5611

Amount of Each Receipt this Period
 1000.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 16 OF 87
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MR. GLEN L COOK

Mailing Address 8041 COUNTY ROAD 78

City LAKE SHORE State MN Zip Code 56468-2532

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

Name of Employer GUESTS INC Occupation SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11AI.5785

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MR. DAVID COPHAM

Mailing Address 11290 LONGMASTER CHASE CO

City FT MYERS State FL Zip Code 33908

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4742

Amount of Each Receipt this Period
 5200.00
 SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
MR. DAVID COPHAM

Mailing Address 11290 LONGMASTER CHASE CO

City FT MYERS State FL Zip Code 33908

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4742.0

Amount of Each Receipt this Period
 -2500.00
 REDESIGNATION TO GENERAL
[MEMO ITEM]

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MR. DAVID COPHAM

Mailing Address 11290 LONGMASTER CHASE CO

City FT MYERS State FL Zip Code 33908

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4742.1

Amount of Each Receipt this Period
 2500.00

REDESIGNATED FROM PRIMARY

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LOREN CORLE

Mailing Address 12595 199TH STREET NE

City NEW LONDON State MN Zip Code 56273

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

Name of Employer SELF-EMPLOYED Occupation MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11AI.5748

Amount of Each Receipt this Period
 4000.00

SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
LOREN CORLE

Mailing Address 12595 199TH STREET NE

City NEW LONDON State MN Zip Code 56273

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

Name of Employer SELF-EMPLOYED Occupation MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11AI.5748.0

Amount of Each Receipt this Period
 -2000.00

REATTRIBUTION FROM SPOUSE

[MEMO ITEM]

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
KATHY CORLE

Mailing Address 12595 199TH AVE NE

City NEW LONDON State MN Zip Code 56273

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

Name of Employer SELF-EMPLOYED Occupation ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11AI.5748.1

Amount of Each Receipt this Period
2000.00

REATTRIBUTED FROM SPOUSE

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SAMUEL COTE

Mailing Address 925 NINE MILE COVE S

City HOPKINS State MN Zip Code 55343-7781

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.6651

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
MR. KYLE R CROWE

Mailing Address 18688 ST MELLION PL

City EDEN PRAIRIE State MN Zip Code 55347

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

Name of Employer GREENE HOLCOMB FISHER Occupation INVESTMENT BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : SA11AI.6258

Amount of Each Receipt this Period
2700.00

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MR. ROBERT P CUMMINS

Mailing Address 18850 NORTHOME BLVD

City WAYZATA State MN Zip Code 55391-2610

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

Name of Employer PRIMERA TECHNOLOGY Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period
 10800.00

SEE REATTRIBUTION & REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
MR. ROBERT P CUMMINS

Mailing Address 18850 NORTHOME BLVD

City WAYZATA State MN Zip Code 55391-2610

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

Name of Employer PRIMERA TECHNOLOGY Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.4240.0

Amount of Each Receipt this Period
 -5400.00

REATTRIBUTION TO SPOUSE
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JOAN CUMMINS

Mailing Address 18850 NORTHOME BLVD

City WAYZATA State MN Zip Code 55391-2610

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.4240.1

Amount of Each Receipt this Period
 5400.00

REATTRIBUTED FROM SPOUSE; SEE REDESIGNATION
[MEMO ITEM]

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

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

10800.00

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

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

FOR LINE NUMBER: PAGE 20 OF 87
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
JOAN CUMMINS

Mailing Address 18850 NORTHOME BLVD

City WAYZATA State MN Zip Code 55391-2610

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 11 / 06 / 2015

Transaction ID : SA11AI.4240.2

Amount of Each Receipt this Period
 -2700.00

REDESIGNATION TO GENERAL

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JOAN CUMMINS

Mailing Address 18850 NORTHOME BLVD

City WAYZATA State MN Zip Code 55391-2610

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5400.00

Date of Receipt
 11 / 06 / 2015

Transaction ID : SA11AI.4240.3

Amount of Each Receipt this Period
 2700.00

REDESIGNATED FROM PRIMARY

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MR. ROBERT P CUMMINS

Mailing Address 18850 NORTHOME BLVD

City WAYZATA State MN Zip Code 55391-2610

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

Name of Employer **PRIMERA TECHNOLOGY** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 11 / 06 / 2015

Transaction ID : SA11AI.4240.4

Amount of Each Receipt this Period
 -2700.00

REDESIGNATION TO GENERAL

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MR. ROBERT P CUMMINS

Mailing Address 18850 NORTHOME BLVD

City State Zip Code
WAYZATA MN 55391-2610

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

Name of Employer Occupation
PRIMERA TECHNOLOGY PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.4240.5

Amount of Each Receipt this Period
2700.00

REDESIGNATED FROM PRIMARY

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MARK DAVIS

Mailing Address 37046 HIGHWAY 169 N

City State Zip Code
ST PETER MN 56082-4433

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

Name of Employer Occupation
DAVISCO FOODS CHEESEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period
2700.00

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

Mailing Address 1325 MOUNT CURVE AVENUE

City State Zip Code
MINNEAPOLIS MN 55403

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

Name of Employer Occupation
U.S. BANK CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11AI.6934

Amount of Each Receipt this Period
2700.00

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) DAVID DONDELINGER		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2015	
Mailing Address 3656 TERRACE DRIVE		Transaction ID : SA11AI.6791	
City BRAINERD	State MN	Zip Code 56401	Amount of Each Receipt this Period _____ 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer DONDELINGER AUTOMOTIVE	Occupation OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00		

Full Name (Last, First, Middle Initial) VINCENT DRIESSEN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2015	
Mailing Address 4804 GOLF TERRACE		Transaction ID : SA11AI.6253	
City EDINA	State MN	Zip Code 55424	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer THE DRIESSEN GROUP LLC	Occupation COMMERCIAL REAL ESTATE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) DAVID ELSENPETER		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2015	
Mailing Address 11014 PINE BEACH PENINSULA ROAD		Transaction ID : SA11AI.6680	
City EAST GULL LA	State MN	Zip Code 56401-2024	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer FIRST NATIONAL BANK	Occupation BANKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 650.00		

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: (check only one)	PAGE 23 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
J.P. ELSENPETER

Mailing Address **PO BOX 245**

City **CROSSLAKE** State **MN** Zip Code **56442**

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

Name of Employer **LAKES STATE BANK** Occupation **VP**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : SA11AI.6682

Amount of Each Receipt this Period
250.00

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

Mailing Address **P.O. BOX 176**

City **WALKER** State **MN** Zip Code **56484**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : SA11AI.6678

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
MIKE ELSENPETER

Mailing Address **5297 LADYSLIPPER LANE NW**

City **WALKER** State **MN** Zip Code **56484**

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

Name of Employer **FIRST NATIONAL BANK** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : SA11AI.6684

Amount of Each Receipt this Period
250.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MARGARET E ENSIGN

Mailing Address **968 GREEN GABLES ROAD**

City **BRAINERD** State **MN** Zip Code **56401-3169**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 01 / 2015

Transaction ID : SA11AI.5754

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
JUDY FIGGE

Mailing Address **4432 HIGHWAY 25 SE**

City **BUFFALO** State **MN** Zip Code **55313-8002**

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

Name of Employer **PRAIRIE RIVER HOME CARE INC** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 31 / 2015

Transaction ID : SA11AI.5204

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GREG FRANSDEN

Mailing Address **16 N MALLARD ROAD**

City **NORTH OAKS** State **MN** Zip Code **55127-2503**

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

Name of Employer **FRANSDEN CORP** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.6029

Amount of Each Receipt this Period
500.00

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 25 OF 87
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

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

Mailing Address 13429 COUNTY ROAD 7 NORTHWEST

City CLEARWATER State MN Zip Code 55320

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

Name of Employer FRANKLIN OUTDOOR ADV. Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.6787

Amount of Each Receipt this Period
 500.00

600.00

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

Mailing Address 7101 W 78TH ST S

City MINNEAPOLIS State MN Zip Code 55439

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

Name of Employer FRAUENSHUH COMPANIES Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.6458

Amount of Each Receipt this Period
 1000.00

1000.00

C. Full Name (Last, First, Middle Initial)
CONNIE GLATTLY

Mailing Address 82300 WOLD RD

City WILLOW RIVER State MN Zip Code 55795

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.5227

Amount of Each Receipt this Period
 250.00

250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MR. ROBERT HAGEMAN

Mailing Address 2019 WESTRIDGE COURT

City State Zip Code
BUFFALO MN 55313-1994

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

Name of Employer Occupation
J&B GROUP, INC. MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11AI.5756

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. THOMAS R HALL

Mailing Address 127 STONEBRIDGE CT

City State Zip Code
GREEN BAY WI 54313-4704

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

Name of Employer Occupation
BELSON COMPANY PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4752

Amount of Each Receipt this Period
5400.00

SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THOMAS R HALL

Mailing Address 127 STONEBRIDGE CT

City State Zip Code
GREEN BAY WI 54313-4704

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

Name of Employer Occupation
BELSON COMPANY PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4752.0

Amount of Each Receipt this Period
-2700.00

REATTRIBUTION TO SPOUSE
[MEMO ITEM]

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

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
RUTHANN HALL

Mailing Address 127 STONEBRIDGE CT

City GREEN BAY State WI Zip Code 54313-4704

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4752.1

Amount of Each Receipt this Period
2700.00

REATTRIBUTED FROM SPOUSE

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MICHAEL HALRON

Mailing Address 1391 FINCH LANE

City GREEN BAY State WI Zip Code 54313-6401

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

Name of Employer **HALRON LUBRICANTS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.6808

Amount of Each Receipt this Period
500.00

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

Mailing Address 10985 HAMILTON LANE

City PEQUOT LAKES State MN Zip Code 56472

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

Name of Employer **EDINA REALTY** Occupation **REALTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : SA11AI.6672

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
CHRIS HANNEKEN

Mailing Address P.O. BOX 367

City State Zip Code
PINE RIVER MN 56474

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

Name of Employer Occupation
HENNEKEN INSURANCE AGENCY INSURANCE AGENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11AI.6554

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. BRIAN A HAUCK

Mailing Address 13437 SHADOWWOOD DR

City State Zip Code
BAXTER MN 56425-8206

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

Name of Employer Occupation
3M MAINTENANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11AI.5750

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MARTHA HEAD

Mailing Address 1616 WEST 22ND STREET

City State Zip Code
MINNEAPOLIS MN 55405-2401

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

Name of Employer Occupation
SELF-EMPLOYED BUSINESS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.4836

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
LOUIS HILL

Mailing Address 1315 RED FOX ROAD SUITE 200

City ARDEN HILLS State MN Zip Code 55112

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

Name of Employer ROCKWOOD CAPITAL MANAGEMENT Occupation CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.6898

Amount of Each Receipt this Period
 500.00

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

Mailing Address 11 CIRCLE W

City EDINA State MN Zip Code 55436-1312

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2015

Transaction ID : SA11AI.4878

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
BRIAN L HOLCOMB

Mailing Address 10224 ANTLERS RIDGE

City EDEN PRAIRIE State MN Zip Code 55347

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

Name of Employer GREEN HOLCOMB FISHER Occupation MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : SA11AI.6486

Amount of Each Receipt this Period
 2700.00

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

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
KAREN H HUBBARD

Mailing Address 2289 RIVER RD S

City LAKELAND State MN Zip Code 55043-9775

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: 10 / 28 / 2015

Transaction ID : SA11AI.4754

Amount of Each Receipt this Period: **5400.00**

SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
KAREN H HUBBARD

Mailing Address 2289 RIVER RD S

City LAKELAND State MN Zip Code 55043-9775

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **2700.00**

Date of Receipt: 10 / 28 / 2015

Transaction ID : SA11AI.4754.0

Amount of Each Receipt this Period: **-2700.00**

REDESIGNATION TO GENERAL

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
KAREN H HUBBARD

Mailing Address 2289 RIVER RD S

City LAKELAND State MN Zip Code 55043-9775

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: 10 / 28 / 2015

Transaction ID : SA11AI.4754.1

Amount of Each Receipt this Period: **2700.00**

REDESIGNATED FROM PRIMARY

[MEMO ITEM]

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

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

Mailing Address 1175 QUINLAN AVE SO

City State Zip Code
LAKELAND MN 55043-9527

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

Name of Employer Occupation
HUBBARD BROADCASTING INC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 15 / 2015

Transaction ID : SA11AI.5339

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. STANLEY S HUBBARD

Mailing Address 3415 UNIVERSITY AVE

City State Zip Code
SAINT PAUL MN 55114-1019

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

Name of Employer Occupation
HUBBARD BROADCASTING, INC CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SA11AI.4760

Amount of Each Receipt this Period
5400.00
SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
MR. STANLEY S HUBBARD

Mailing Address 3415 UNIVERSITY AVE

City State Zip Code
SAINT PAUL MN 55114-1019

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

Name of Employer Occupation
HUBBARD BROADCASTING, INC CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SA11AI.4760.0

Amount of Each Receipt this Period
-2700.00
REDESIGNATION TO GENERAL
[MEMO ITEM]

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

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

6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MR. STANLEY S HUBBARD

Mailing Address 3415 UNIVERSITY AVE

City SAINT PAUL State MN Zip Code 55114-1019

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

Name of Employer HUBBARD BROADCASTING, INC Occupation CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4760.1

Amount of Each Receipt this Period
 2700.00

REDESIGNATED FROM PRIMARY

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MS. VIRGINIA A HUBBARD

Mailing Address 303 WOODLAWN AVENUE

City SAINT PAUL State MN Zip Code 55105-1239

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

Name of Employer HUBBARD RADIO Occupation CHAIR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.6774

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
IRWIN JACOBS

Mailing Address 8096 EXCELSIOR BLVD

City HOPKINS State MN Zip Code 55343

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

Name of Employer JACOBS MANAGEMENT CORPORATION Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2015

Transaction ID : SA11AI.5328

Amount of Each Receipt this Period
 1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MARY M JETLAND

Mailing Address 4940 MEADVILLE ST

City State Zip Code
EXCELSIOR MN 55331-8786

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2015

Transaction ID : SA11AI.6251

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JO ANN JOHNSON

Mailing Address 8610 BIRCHWOOD HILLS RD

City State Zip Code
LAKE SHORE MN 56468-2509

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : SA11AI.6467

Amount of Each Receipt this Period
5400.00
SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
JO ANN JOHNSON

Mailing Address 8610 BIRCHWOOD HILLS RD

City State Zip Code
LAKE SHORE MN 56468-2509

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : SA11AI.6467.0

Amount of Each Receipt this Period
-2700.00
REATTRIBUTION FROM SPOUSE
[MEMO ITEM]

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

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

6400.00

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

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

FOR LINE NUMBER: PAGE 34 OF 87
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
ARNOLD JOHNSON

Mailing Address 8610 BIRCHWOOD HILLS RD

City LAKE SHORE State MN Zip Code 56468-2509

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

Name of Employer ENTREPRENEUR Occupation ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : SA11AI.6467.1

Amount of Each Receipt this Period
2700.00

REATTRIBUTED FROM SPOUSE

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
STEPHEN JOHNSON

Mailing Address 1360 120TH STREET SW

City EAST GULL LA State MN Zip Code 56401-2007

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

Name of Employer LIFT TECH MARINE Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : SA11AI.6662

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MARTIN N KELLOGG

Mailing Address 339 MOUNT CURVE BLVD

City SAINT PAUL State MN Zip Code 55105-1217

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11AI.5549

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

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

Mailing Address 5045 PARK TER

City State Zip Code
EDINA MN 55436-1098

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : SA11AI.6309

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
ROBERT KIERLIN

Mailing Address P.O. BOX 302

City State Zip Code
WINONA MN 55987

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SA11AI.4633

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RUSSELL KING

Mailing Address 3 RED FOREST HTS

City State Zip Code
SAINT PAUL MN 55127-6353

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

Name of Employer Occupation
KING CAPITAL CORP. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SA11AI.4649

Amount of Each Receipt this Period
1000.00

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MR. JOHN KINKEAD

Mailing Address 693 MONTCALM PLACE

City SAINT PAUL State MN Zip Code 55116-1745

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

Name of Employer TUTFCO Occupation MANUFACTURING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4386

Amount of Each Receipt this Period
 450.00

B. Full Name (Last, First, Middle Initial)
MR. JOHN KINKEAD

Mailing Address 693 MONTCALM PLACE

City SAINT PAUL State MN Zip Code 55116-1745

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

Name of Employer TUTFCO Occupation MANUFACTURING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2015

Transaction ID : SA11AI.5642

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
RONALD KIRSCHT

Mailing Address 7750 COUNTY RD 6 NW

City GARFIELD State MN Zip Code 56332-8111

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

Name of Employer DONELLY CUSTOM MANUFACTURING Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.5254

Amount of Each Receipt this Period
 250.00

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
CONNIE KNOWLEN

Mailing Address **223 RIDGE COURT**

City **BRAINERD** State **MN** Zip Code **56401-4551**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : SA11AI.6664

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER KURTZMAN

Mailing Address **3323 OAK STREET**

City **BRAINERD** State **MN** Zip Code **56401**

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

Name of Employer **BANG PRINTING** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11AI.5988

Amount of Each Receipt this Period
5400.00

SEE REATTRIBUTION

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

Mailing Address **3323 OAK STREET**

City **BRAINERD** State **MN** Zip Code **56401**

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

Name of Employer **BANG PRINTING** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11AI.5988.0

Amount of Each Receipt this Period
-2700.00

REATTRIBUTION TO SPOUSE
[MEMO ITEM]

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

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

6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
HELEN KURTZMAN

Mailing Address 3323 OAK STREET

City BRAINERD State MN Zip Code 56401

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

Name of Employer BANG PRINTING Occupation MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11AI.5988.1

Amount of Each Receipt this Period
2700.00

REATTRIBUTION FROM SPOUSE

[MEMO ITEM]

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

Mailing Address 2472 MAPLE DRIVE SW

City NISSWA State MN Zip Code 56468-2015

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

Name of Employer SELF-EMPLOYED Occupation BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11AI.4772

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROGER LANDSBURG

Mailing Address 2472 MAPLE DRIVE SW

City NISSWA State MN Zip Code 56468

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

Name of Employer SELF-EMPLOYED Occupation BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2015

Transaction ID : SA11AI.6098

Amount of Each Receipt this Period
1000.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
JERRY LANE

Mailing Address 23729 COOLEY DR

City BRAINERD State MN Zip Code 56401-1955

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2015

Transaction ID : SA11AI.6048

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER LEINES

Mailing Address P.O. BOX 353

City MEDINA State MN Zip Code 55357

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

Name of Employer MINNESOTA LIMITED Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.6456

Amount of Each Receipt this Period
5400.00
SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER LEINES

Mailing Address P.O. BOX 353

City MEDINA State MN Zip Code 55357

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

Name of Employer MINNESOTA LIMITED Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.6456.0

Amount of Each Receipt this Period
-2700.00
REATTRIBUTION FROM SPOUSE
[MEMO ITEM]

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

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

7400.00

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

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

FOR LINE NUMBER: PAGE 40 OF 87
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
WENDY LEINES

Mailing Address P.O. BOX 353

City MEDINA State MN Zip Code 55357

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.6456.1

Amount of Each Receipt this Period
 _____ 2700.00

REATTRIBUTED FROM SPOUSE

[MEMO ITEM]

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

Mailing Address 2825 MEDICINE RIDGE RD

City PLYMOUTH State MN Zip Code 55441-3259

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4698

Amount of Each Receipt this Period
 _____ 2500.00

C. Full Name (Last, First, Middle Initial)
ALLEN LINDNER

Mailing Address 15670 BIRCHWOOD LN

City BRAINERD State MN Zip Code 56401-6177

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

Name of Employer **LINDNER MEDIA PRODUCTION** Occupation **TV HOST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2015

Transaction ID : SA11AI.5303

Amount of Each Receipt this Period
 _____ 1000.00

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

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

_____ 3500.00

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

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

FOR LINE NUMBER: PAGE 41 OF 87
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
DOLORES LINDNER

Mailing Address 11503 LOWER GULL LAKE LN

City EAST GULL LA State MN Zip Code 56401-2019

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 12 / 2015

Transaction ID : SA11AI.5299

Amount of Each Receipt this Period
 500.00

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

Mailing Address 15670 BIRCHWOOD LANE

City BRAINERD State MN Zip Code 56401

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11AI.6614

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
FRED K LITTLE

Mailing Address 426 BROADWAY

City CLOQUET State MN Zip Code 55720-1749

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.6536

Amount of Each Receipt this Period
 100.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) WHITNEY MACMILLAN JR.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address P.O. BOX 5628, DEPT 28		Transaction ID : SA11AI.5509	
City MINNEAPOLIS	State MN	Zip Code 55440-5628	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) BRIAN MARK		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2015	
Mailing Address 1820 BERKSHIRE LANE NORTH		Transaction ID : SA11AI.6107	
City PLYMOUTH	State MN	Zip Code 55441	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RBC TILE AND STONE	Occupation PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) JOHN MARVIN		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 24 / 2015	
Mailing Address 510 RIVERDALE DRIVE NE		Transaction ID : SA11AI.5543	
City WARROAD	State MN	Zip Code 56763-2313	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer THE MARVIN COMPANIES	Occupation OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	4200.00
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: (check only one)	PAGE 43 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
SUSAN MCKINNEY

Mailing Address 1406 SLATE STREET

City State Zip Code
CLOQUET MN 55720-3033

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

Name of Employer Occupation
NOT EMPLOYED NOT EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015

Transaction ID : SA11AI.5966

Amount of Each Receipt this Period
255.00

B. Full Name (Last, First, Middle Initial)
MR. HARRY G MCNEELY JR.

Mailing Address 444 PINE STREET

City State Zip Code
SAINT PAUL MN 55101

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

Name of Employer Occupation
MERITEX ENTERPRISES EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.4834

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. ALVIN E MCQUINN

Mailing Address 1551 GULF SHORE BLVD S

City State Zip Code
NAPLES FL 34102-7454

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

Name of Employer Occupation
SELF-EMPLOYED INVESTMENTS MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11AI.5746

Amount of Each Receipt this Period
2700.00

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

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

3455.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MR. JEFF L MEEK

Mailing Address 10166 BIRCH GROVE RD

City EAST GULL LA State MN Zip Code 56401-3173

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

Name of Employer FLEET WHOLESALE SUPPLY CO INC Occupation CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2015

Transaction ID : SA11AI.5563

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
H CHARLES MILLS

Mailing Address P.O. BOX 2373

City APPLETON State WI Zip Code 54912-2373

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

Name of Employer LIVELY AUTO COMPANY Occupation VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.6544

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
HEATHER MILLS

Mailing Address 22849 OLD GOVERNMENT TRAIL

City NISSWA State MN Zip Code 56468-2703

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11AI.6974

Amount of Each Receipt this Period
 5400.00

REATTRIBUTION FROM SPOUSE (SEE TRANSID SA11.6973): SEE REDESIGNATION
[MEMO ITEM]

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 45 OF 87
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
HEATHER MILLS

Mailing Address 22849 OLD GOVERNMENT TRAIL

City NISSWA State MN Zip Code 56468-2703

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 09 / 23 / 2015

Transaction ID : SA11AI.6978

Amount of Each Receipt this Period
 -2700.00

REDESIGNATION TO GENERAL

[MEMO ITEM]

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

Mailing Address 22849 OLD GOVERNMENT TRAIL

City NISSWA State MN Zip Code 56468-2703

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5400.00

Date of Receipt
 09 / 23 / 2015

Transaction ID : SA11AI.6980

Amount of Each Receipt this Period
 2700.00

REDESIGNATED FROM PRIMARY

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DR. SANDRA R MILLS

Mailing Address 1500 RUE REYNARD

City MENASHA State WI Zip Code 54952-2946

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

Name of Employer **SELF-EMPLOYED** Occupation **PH.D. RESEARCHER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 11 / 23 / 2015

Transaction ID : SA11AI.5615

Amount of Each Receipt this Period
 2700.00

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
DR. SANDRA R MILLS

Mailing Address 1500 RUE REYNARD

City: MENASHA State: WI Zip Code: 54952-2946

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

Name of Employer: SELF-EMPLOYED Occupation: PH.D. RESEARCHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.6615

Amount of Each Receipt this Period: 2700.00

SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
DR. SANDRA R MILLS

Mailing Address 1500 RUE REYNARD

City: MENASHA State: WI Zip Code: 54952-2946

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

Name of Employer: SELF-EMPLOYED Occupation: PH.D. RESEARCHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.6615.0

Amount of Each Receipt this Period: -2700.00

REDESIGNATION TO GENERAL

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DR. SANDRA R MILLS

Mailing Address 1500 RUE REYNARD

City: MENASHA State: WI Zip Code: 54952-2946

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

Name of Employer: SELF-EMPLOYED Occupation: PH.D. RESEARCHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.6615.1

Amount of Each Receipt this Period: 2700.00

REDESIGNATED FROM PRIMARY

[MEMO ITEM]

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. STEWART C MILLS JR.		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2015	
Mailing Address 512 LAUREL ST		Transaction ID : SA11AI.4758	
City BRAINERD	State MN	Zip Code 56401-3526	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00 SEE REDESIGNATION	
Name of Employer MILLS FLEET FARM	Occupation OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) B. STEWART C MILLS JR.		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2015	
Mailing Address 512 LAUREL ST		Transaction ID : SA11AI.4758.0	
City BRAINERD	State MN	Zip Code 56401-3526	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2700.00 REDESIGNATION TO GENERAL [MEMO ITEM]	
Name of Employer MILLS FLEET FARM	Occupation OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) C. STEWART C MILLS JR.		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2015	
Mailing Address 512 LAUREL ST		Transaction ID : SA11AI.4758.1	
City BRAINERD	State MN	Zip Code 56401-3526	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00 REDESIGNATED FROM PRIMARY [MEMO ITEM]	
Name of Employer MILLS FLEET FARM	Occupation OWNER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	5400.00

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

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

FOR LINE NUMBER: PAGE 48 OF 87
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
CUSHMAN MINAR

Mailing Address 4660 WESTON WOODS WAY

City State Zip Code
WHITE BEAR TOWNSHIP MN 55127

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.6444

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ROLF P MOEN

Mailing Address 5449 NASHWAY ROAD

City State Zip Code
NISSWA MN 56468

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

Name of Employer Occupation
LAKE COUNTRY DENTAL DENTIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : SA11AI.6660

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ARDITH M NELSON

Mailing Address 3595 75TH STREET

City State Zip Code
SWANVILE MN 56382-3712

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4455

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

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

Mailing Address 33726 BREEZY DRIVE

City State Zip Code
BURTRUM MN 56318-4553

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

Name of Employer Occupation
ELMDALE MUTUAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4746

Amount of Each Receipt this Period
250.00

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

Mailing Address 5028 LOWER ROY LAKE RD

City State Zip Code
NISSWA MN 56468-2736

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

Name of Employer Occupation
NOR-SON INC. CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11AI.4784

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILL OBERTON

Mailing Address 121 JAY BEE DRIVE

City State Zip Code
WINONA MN 55987-7614

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

Name of Employer Occupation
FASTENAL CO CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11AI.5422

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial) CHRISTINE M OLSON		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 23352 AGATE LAKE RD		Transaction ID : SA11AI.6046
City DEERWOOD	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CHRISTINE OLSON SALES CO.	Occupation PACKAGING SPECIALIST/CONSULTANT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) MR. DONALD G OREN		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015
Mailing Address 3105 SANDY HOOK DRIVE		Transaction ID : SA11AI.6805
City ROSEVILLE	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer DART TRANSIT COMPANY	Occupation CHAIRMAN	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

C. Full Name (Last, First, Middle Initial) JERRY PAPENFUSS		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2015
Mailing Address 1646 4TH STREET		Transaction ID : SA11AI.4750
City WINONA	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer KAGE MC	Occupation EXECUTIVE	
Receipt For: 2016 <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).....	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 51 OF 87
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

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

Mailing Address 1523 SUNSET VIEW

City EAST GULL LA State MN Zip Code 56401-3074

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

Name of Employer SELF-EMPLOYED Occupation RETAILER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.6133

Amount of Each Receipt this Period
5000.00
SEE REATTRIBUTION

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

Mailing Address 1523 SUNSET VIEW

City EAST GULL LA State MN Zip Code 56401-3074

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

Name of Employer SELF-EMPLOYED Occupation RETAILER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.6133.0

Amount of Each Receipt this Period
-2300.00
REATTRIBUTION TO SPOUSE
[MEMO ITEM]

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

Mailing Address 1523 SUNSET VIEW

City BRAINERD State MN Zip Code 56401-3074

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.6133.1

Amount of Each Receipt this Period
2300.00
REATTRIBUTED FROM SPOUSE
[MEMO ITEM]

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MR. ALLEN RENSTROM

Mailing Address 44426 348TH LANE

City State Zip Code
AITKIN MN 56431-5051

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11AI.6025

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. WARREN W ROBERTS

Mailing Address 1114 BEAVER CREEK PARKWAY

City State Zip Code
MAPLEWOOD MN 55119-3269

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11AI.6637

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
DR. PAUL RUD

Mailing Address 15684 BIRCHWOOD LN

City State Zip Code
BRAINERD MN 56401-6177

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

Name of Employer Occupation
NORTHERN ORTHOPEDICS ORTHOPEDIC SURGEON

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11AI.5426

Amount of Each Receipt this Period
1000.00

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

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

1450.00

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

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

FOR LINE NUMBER: PAGE 53 OF 87
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
JOE RUTTGER

Mailing Address 10773 COUNTY ROAD 1

City State Zip Code
PINE RIVER MN 56474

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

Name of Employer Occupation
WHITEFISH MARKETING LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2015

Transaction ID : SA11AI.6604

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3900 RIVER OAK CIRCLE

City State Zip Code
MOORHEAD MN 56560

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

Name of Employer Occupation
SCHEELS RETAIL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.5142

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KURT P SCHELLHAS

Mailing Address 16 OVERHOLT PASS

City State Zip Code
EDINA MN 55439-1146

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

Name of Employer Occupation
CENTER FOR DIAGNOSTIC IMAGING RADIOLOGIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4446

Amount of Each Receipt this Period
250.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 54 OF 87
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
KURT P SCHELLHAS

Mailing Address **16 OVERHOLT PASS**

City **EDINA** State **MN** Zip Code **55439-1146**

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

Name of Employer **CENTER FOR DIAGNOSTIC IMAGING** Occupation **RADIOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 25 / 2015

Transaction ID : SA11AI.5652

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. CHAD SCHWENDEMAN

Mailing Address **14234 MEMORYWOOD DR**

City **BAXTER** State **MN** Zip Code **56425-1011**

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

Name of Employer **EXIT LAKES REALTY PREMIER** Occupation **BROKER/OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 23 / 2015

Transaction ID : SA11AI.6488

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DANIEL SHIPMAN

Mailing Address **8835 DOROTHY AVENUE**

City **BRAINERD** State **MN** Zip Code **56401-7085**

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

Name of Employer **SHIPMAN AUTO** Occupation **AUTO SALVAGE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 16 / 2015

Transaction ID : SA11AI.6658

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MR. GUY J SMITH

Mailing Address **W5554 BLACKFRIAR RD**

City **BLACK CREEK** State **WI** Zip Code **54106-8480**

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

Name of Employer **SUBURBAN ELECTRICAL ENGINEERS/CONT** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : SA11AI.5192

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MIKE THORNE

Mailing Address **9420 MOUNTAIN DRIVE**

City **PROCTOR** State **MN** Zip Code **55810**

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

Name of Employer **SELF-EMPLOYED** Occupation **TECHNOLOGY CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.5080

Amount of Each Receipt this Period
250.00

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

Mailing Address **4509 EDINA BOULEVARD**

City **EDINA** State **MN** Zip Code **55424**

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

Name of Employer **TRAUTZ PROPERTIES INC.** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2015

Transaction ID : SA11AI.5301

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MR. NATHAN D TUOMI

Mailing Address 18441 STATE HWY 371

City BRAINERD State MN Zip Code 56401-6827

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

Name of Employer GULL LAKE GLASS, INC Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.6105

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT J ULRICH

Mailing Address 5400 LONDONDERRY RD

City EDINA State MN Zip Code 55436-1027

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4756

Amount of Each Receipt this Period
5400.00

SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT J ULRICH

Mailing Address 5400 LONDONDERRY RD

City EDINA State MN Zip Code 55436-1027

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.4756.0

Amount of Each Receipt this Period
-2700.00

REDESIGNATION TO GENERAL
[MEMO ITEM]

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

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

7400.00

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

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

FOR LINE NUMBER: PAGE 57 OF 87
(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)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MR. ROBERT J ULRICH

Mailing Address 5400 LONDONDERRY RD

City State Zip Code
EDINA MN 55436-1027

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 28 2015

Transaction ID : SA11AI.4756.1

Amount of Each Receipt this Period
2700.00

REDESIGNATED FROM PRIMARY

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MORRIE WAGENER

Mailing Address 12520 WOYCALA BOULEVARD

City State Zip Code
MINNETONKA MN 55305

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

Name of Employer Occupation
MORRIE'S AUTOMOTIVE OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 30 2015

Transaction ID : SA11AI.4832

Amount of Each Receipt this Period
250.00

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

Mailing Address 7701 RIDGECREST DRIVE

City State Zip Code
ALEXANDRIA VA 22308-1052

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

Name of Employer Occupation
MERCURY CLARK & WEINSTOCK PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 10 2015

Transaction ID : SA11AI.6094

Amount of Each Receipt this Period
1000.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH C WEIS

Mailing Address 2227 - 7TH ST MW

City ROCHESTER State MN Zip Code 55901

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

Name of Employer WEIS BUILDERS, INC. Occupation CHAIRMAN EMERITUS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015

Transaction ID : SA11AI.4306

Amount of Each Receipt this Period
250.00

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

Mailing Address 2227 - 7TH ST MW

City ROCHESTER State MN Zip Code 55901

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

Name of Employer WEIS BUILDERS, INC. Occupation CHAIRMAN EMERITUS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.6775

Amount of Each Receipt this Period
100.00

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

Mailing Address 13832 PAPER BIRCH DRIVE

City BAXTER State MN Zip Code 56425-8713

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

Name of Employer WHEELER APPRAISALS INC Occupation APPRAISER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : SA11AI.6674

Amount of Each Receipt this Period
1000.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
WHITEBIRCH, INC

Mailing Address 9252 BREEZY POINT DRIVE

City BREEZY POINT State MN Zip Code 56472

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.6900

Amount of Each Receipt this Period
 250.00

TO BE REFUNDED

B. Full Name (Last, First, Middle Initial)
JOSEPH L WILLAERT

Mailing Address 21115 594TH AVENUE

City MANKATO State MN Zip Code 56001-8538

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

Name of Employer Occupation
 RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11AI.6005

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
CAROL J WINEGAR

Mailing Address 5249 21ST AVENUE SOUTHWEST

City PEQUOT LAKES State MN Zip Code 56472

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

Name of Employer Occupation
 SELF-EMPLOYED DENTIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : SA11AI.6670

Amount of Each Receipt this Period
 750.00

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

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

1100.00

174355.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 87
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)

Mailing Address 12176 CHANCERY STATION CIRCLE

City RESTON State VA Zip Code 20190

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11C.6902

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
FREEDOM AND SECURITY PAC

Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11C.6481

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
ICE PAC

Mailing Address PO BOX 752

City LONG LAKE State MN Zip Code 55356

FEC ID number of contributing federal political committee. **C** C00484667

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11C.6937

Amount of Each Receipt this Period
 1000.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 61 OF 87
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

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

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11C.6914

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11C.6938

Amount of Each Receipt this Period
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

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

10000.00

15500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. APG MEDIA OF MINNESOTA		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 29088 AIRPARK DR.		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.4101
City EASTON State MD Zip Code 21601	Purpose of Disbursement PRINT ADVERTISING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ASPECT CONSULTING, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 8401 EXCELSIOR DRIVE SUITE 103		Amount of Each Disbursement this Period 315.00 Transaction ID : SB17.4103
City MADISON State WI Zip Code 53717	Purpose of Disbursement BATCHING & CAGING SERVICES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ALEXANDRA BOETTCHER		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address PO BOX 1039		Amount of Each Disbursement this Period 1099.73 Transaction ID : SB17.4121
City BRAINERD State MN Zip Code 56401	Purpose of Disbursement PAYROLL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2814.73
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. ALEXANDRA BOETTCHER			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015	
Mailing Address PO BOX 1039			Amount of Each Disbursement this Period 1099.72	
City BRAINERD	State MN	Zip Code 56401	Transaction ID : SB17.4122	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Senate <input type="checkbox"/>			
	President <input type="checkbox"/>			
State:	District:			

Full Name (Last, First, Middle Initial) B. ALEXANDRA BOETTCHER			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015	
Mailing Address PO BOX 1039			Amount of Each Disbursement this Period 1099.73	
City BRAINERD	State MN	Zip Code 56401	Transaction ID : SB17.4128	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Senate <input type="checkbox"/>			
	President <input type="checkbox"/>			
State:	District:			

Full Name (Last, First, Middle Initial) C. ALEXANDRA BOETTCHER			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015	
Mailing Address PO BOX 1039			Amount of Each Disbursement this Period 1099.72	
City BRAINERD	State MN	Zip Code 56401	Transaction ID : SB17.4132	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Senate <input type="checkbox"/>			
	President <input type="checkbox"/>			
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	3299.17
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. ALEXANDRA BOETTCHER			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015	
Mailing Address PO BOX 1039			Amount of Each Disbursement this Period 1099.73	
City BRAINERD	State MN	Zip Code 56401	Transaction ID : SB17.4136	
Purpose of Disbursement PAYROLL		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) B. ALEXANDRA BOETTCHER			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015	
Mailing Address PO BOX 1039			Amount of Each Disbursement this Period 1099.72	
City BRAINERD	State MN	Zip Code 56401	Transaction ID : SB17.4140	
Purpose of Disbursement PAYROLL		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) C. ALEXANDRA BOETTCHER			Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015	
Mailing Address PO BOX 1039			Amount of Each Disbursement this Period 1099.73	
City BRAINERD	State MN	Zip Code 56401	Transaction ID : SB17.4144	
Purpose of Disbursement PAYROLL		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3299.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. CONNECTIVIST MEDIA		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 544 E. OGDEN AVENUE SUITE 700-161		Amount of Each Disbursement this Period 9064.85 Transaction ID : SB17.4105
City MILWAUKEE State WI Zip Code 53202	Purpose of Disbursement DIGITAL CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JOHN ELORANTA		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address PO BOX 1039		Amount of Each Disbursement this Period 1234.04 Transaction ID : SB17.4124
City BRAINERD State MN Zip Code 56401	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JOHN ELORANTA		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address PO BOX 1039		Amount of Each Disbursement this Period 1234.06 Transaction ID : SB17.4125
City BRAINERD State MN Zip Code 56401	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11532.95
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. JOHN ELORANTA			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address PO BOX 1039			Amount of Each Disbursement this Period 1234.04 Transaction ID : SB17.4129
City BRAINERD	State MN	Zip Code 56401	
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. JOHN ELORANTA			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address PO BOX 1039			Amount of Each Disbursement this Period 1234.04 Transaction ID : SB17.4133
City BRAINERD	State MN	Zip Code 56401	
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. JOHN ELORANTA			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address PO BOX 1039			Amount of Each Disbursement this Period 1234.06 Transaction ID : SB17.4137
City BRAINERD	State MN	Zip Code 56401	
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	3702.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. JOHN ELORANTA			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015	
Mailing Address PO BOX 1039			Amount of Each Disbursement this Period 1234.04	
City BRAINERD	State MN	Zip Code 56401	Transaction ID : SB17.4141	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. JOHN ELORANTA			Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015	
Mailing Address PO BOX 1039			Amount of Each Disbursement this Period 1234.04	
City BRAINERD	State MN	Zip Code 56401	Transaction ID : SB17.4145	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. FLEETFARM			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015	
Mailing Address 512 LAUREL STREET PO BOX 5055			Amount of Each Disbursement this Period 1350.00	
City BRAINERD	State MN	Zip Code 56401	Transaction ID : SB17.4110	
Purpose of Disbursement RENT		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3818.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 87			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. OFFICE MAX		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 7626 CLEARWATER ROAD		Amount of Each Disbursement this Period 232.10 Transaction ID : SB17.4115
City BAXTER State MN Zip Code 56425	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE MAX		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015
Mailing Address 7626 CLEARWATER ROAD		Amount of Each Disbursement this Period 219.02 Transaction ID : SB17.4116
City BAXTER State MN Zip Code 56425	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ORGANIC PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 2501 PARMENTER STREET SUITE 100B		Amount of Each Disbursement this Period 1134.41 Transaction ID : SB17.4126
City MIDDLETON State WI Zip Code 53562	Purpose of Disbursement PAYROLL TAXES & WITHHOLDINGS	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1585.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. ORGANIC PAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2501 PARMENTER STREET
SUITE 100B

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement PAYROLL FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 30 / 2015

Amount of Each Disbursement this Period: 45.00

Transaction ID : SB17.4127

B. ORGANIC PAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2501 PARMENTER STREET
SUITE 100B

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement PAYROLL TAXES & WITHHOLDINGS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 30 / 2015

Amount of Each Disbursement this Period: 567.21

Transaction ID : SB17.4130

C. ORGANIC PAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2501 PARMENTER STREET
SUITE 100B

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement PAYROLL FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 13 / 2015

Amount of Each Disbursement this Period: 45.00

Transaction ID : SB17.4131

SUBTOTAL of Disbursements This Page (optional) 657.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. ORGANIC PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 2501 PARMENTER STREET SUITE 100B		Amount of Each Disbursement this Period 567.23 Transaction ID : SB17.4134
City MIDDLETON State WI Zip Code 53562	Purpose of Disbursement PAYROLL TAXES & WITHHOLDINGS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ORGANIC PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 2501 PARMENTER STREET SUITE 100B		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.4135
City MIDDLETON State WI Zip Code 53562	Purpose of Disbursement PAYROLL FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ORGANIC PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 2501 PARMENTER STREET SUITE 100B		Amount of Each Disbursement this Period 567.17 Transaction ID : SB17.4138
City MIDDLETON State WI Zip Code 53562	Purpose of Disbursement PAYROLL TAXES & WITHHOLDINGS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1179.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. ORGANIC PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 2501 PARMENTER STREET SUITE 100B		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.4139
City MIDDLETON State WI Zip Code 53562	Purpose of Disbursement PAYROLL FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ORGANIC PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 2501 PARMENTER STREET SUITE 100B		Amount of Each Disbursement this Period 556.38 Transaction ID : SB17.4142
City MIDDLETON State WI Zip Code 53562	Purpose of Disbursement PAYROLL TAXES & WITHHOLDINGS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ORGANIC PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address 2501 PARMENTER STREET SUITE 100B		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.4143
City MIDDLETON State WI Zip Code 53562	Purpose of Disbursement PAYROLL FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	646.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. ORGANIC PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address 2501 PARMENTER STREET SUITE 100B		Amount of Each Disbursement this Period 551.40 Transaction ID : SB17.4146
City MIDDLETON State WI Zip Code 53562	Purpose of Disbursement PAYROLL TAXES & WITHHOLDINGS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PURCELL CONSULTING, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address PO BOX 403		Amount of Each Disbursement this Period 5053.89 Transaction ID : SB17.4153
City ANNANDALE State MN Zip Code 55302	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PURCELL CONSULTING, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address PO BOX 403		Amount of Each Disbursement this Period 5074.20 Transaction ID : SB17.4154
City ANNANDALE State MN Zip Code 55302	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10679.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 87
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

A. RED CURVE SOLUTIONS, LLC

Full Name (Last, First, Middle Initial)
Mailing Address 138 CONANT STREET, 2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 07 / 2015

Amount of Each Disbursement this Period: 9300.00

Transaction ID : SB17.4156

B. REPUBLICAN PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)
Mailing Address 2200 EAST FRANKLIN AVENUE SUITE 201

City MINNEAPOLIS State MN Zip Code 55404

Purpose of Disbursement EVENT REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 02 / 2015

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.4158

C. SCM ASSOCIATES, INC.

Full Name (Last, First, Middle Initial)
Mailing Address 1283 MAIN STREET PO BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 30 / 2015

Amount of Each Disbursement this Period: 12765.20

Transaction ID : SB17.4160

SUBTOTAL of Disbursements This Page (optional)..... 22315.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. SCM ASSOCIATES, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 1283 MAIN STREET PO BOX 254		Amount of Each Disbursement this Period 1328.20 Transaction ID : SB17.4161
City DUBLIN State NH Zip Code 03444	Purpose of Disbursement LIST RENTAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SCM ASSOCIATES, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address 1283 MAIN STREET PO BOX 254		Amount of Each Disbursement this Period 3933.28 Transaction ID : SB17.4162
City DUBLIN State NH Zip Code 03444	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SCM ASSOCIATES, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 1283 MAIN STREET PO BOX 254		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4163
City DUBLIN State NH Zip Code 03444	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5761.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. SCM ASSOCIATES, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 1283 MAIN STREET PO BOX 254		Amount of Each Disbursement this Period 1040.21 Transaction ID : SB17.4164
City DUBLIN	State NH Zip Code 03444	
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 20.28 Transaction ID : SB17.4174
City SAN FRANCISCO	State CA Zip Code 94110	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 5.55 Transaction ID : SB17.4175
City SAN FRANCISCO	State CA Zip Code 94110	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1066.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 159.42
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 1.75
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 78.60
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	239.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 92.44 Transaction ID : SB17.4179
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.4180
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 62.11 Transaction ID : SB17.4181
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	92.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 87			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015		
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 4.82		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.4182		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015		
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 124.43		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.4183		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015		
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 13.58		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.4184		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	142.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 160.10 Transaction ID : SB17.4185
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 21.27 Transaction ID : SB17.4186
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 2.48 Transaction ID : SB17.4187
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	183.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 87		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 20.51 Transaction ID : SB17.4188
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 82.99 Transaction ID : SB17.4189
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 6.10 Transaction ID : SB17.4190
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	109.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 64.70
City SAN FRANCISCO	State CA	
Zip Code 94110		
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 49.40
City SAN FRANCISCO	State CA	
Zip Code 94110		
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 87.60
City SAN FRANCISCO	State CA	
Zip Code 94110		
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	201.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 87			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015		
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 4.23		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.4194		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015		
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 40.64		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.4195		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015		
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 78.60		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.4196		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	123.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 93.40
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.4197
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 1.36
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.4198
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE CHAMPION GROUP LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 701 E. WASHINGTON AVENUE SUITE 201		Amount of Each Disbursement this Period 10000.00
City MADISON	State WI	
Zip Code 53701	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.4200
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10094.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. THE TARRANCE GROUP			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 201 NORTH UNION STREET SUITE 410			Amount of Each Disbursement this Period 1387.80 Transaction ID : SB17.4204
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement RESEARCH CONSULTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. USPS			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015
Mailing Address 422 LAUREL ST			Amount of Each Disbursement this Period 294.00 Transaction ID : SB17.4208
City BRAINERD	State MN	Zip Code 56401	
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address 422 LAUREL ST			Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4209
City BRAINERD	State MN	Zip Code 56401	
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	2181.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 87		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 422 LAUREL ST		M M / D D / Y Y Y Y 12 / 14 / 2015
City BRAINERD	State MN	Zip Code 56401
Purpose of Disbursement POSTAGE	Amount of Each Disbursement this Period 1.34	
Candidate Name	Transaction ID : SB17.4210	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

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

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

SUBTOTAL of Disbursements This Page (optional).....	1.34
TOTAL This Period (last page this line number only).....	85728.54