

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Kristi for Congress

ADDRESS (number and street)

PO Box 852

Check if different than previously reported. (ACC)

Sioux Falls

SD

57101

2. FEC IDENTIFICATION NUMBER

C C00476853

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

SD

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 05 / 15 / 2014

through

M M /

D D /

Y Y Y Y 06 / 30 / 2014

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

Type or Print Name of Treasurer Ted Husted

Signature of Treasurer Ted Husted

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 07 / 14 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Kristi for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	185910	1809029.77
(b) Total Contribution Refunds (from Line 20(d)) .....	25	13385
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	185885	1795644.77
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	32105.3	1006992.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	3074.18
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	32105.3	1003918.36
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	977022.95	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0	

**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

**Kristi for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	81805	1014119.46
(ii) Unitemized.....	15355	196863.43
(iii) TOTAL of contributions from individuals ▶	97160	1210982.89
(b) Political Party Committees.....	0	1245.57
(c) Other Political Committees (such as PACs).....	88750	596801.31
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	185910	1809029.77
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	31.25
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	3074.18
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	264.51	1490.01
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	186174.51	1813625.21

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32105.3	1006992.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	25	13235
(b) Political Party Committees.....	0	150
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	25	13385
21. OTHER DISBURSEMENTS .....	58100	157454
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	90230.3	1177831.54

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	881078.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	186174.51
25. SUBTOTAL (add Line 23 and Line 24).....	1067253.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	90230.3
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	977022.95

**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 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William H. Adam**

Mailing Address 2105 Mustang Lane

City Spearfish State SD Zip Code 57783-9593

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **395**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31407**

Amount of Each Receipt this Period  
**25**

**B.** Full Name (Last, First, Middle Initial)  
**Corinne Arnold**

Mailing Address 45475 185th Street

City Castlewood State SD Zip Code 57223-5616

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31704**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Harold Arnold**

Mailing Address PO Box 260

City Mc Intosh State SD Zip Code 57641-0260

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

Name of Employer Self-Employed Occupation Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **530**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : A-CF31052**

Amount of Each Receipt this Period  
**100**

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

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

**625.00**

**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 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 18252 442nd Avenue

City Hazel	State SD	Zip Code 57242-5106
---------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Farmer
-----------------------------------	----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		30		2014

**Transaction ID : A-CF31705**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Elwood Baas**

Mailing Address 1712 Boulders Drive

City Las Cruces	State NM	Zip Code 88011-4056
--------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		30		2014

**Transaction ID : A-CF31626**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**John P. Badgley**

Mailing Address PO Box 192

City Mobridge	State SD	Zip Code 57601-0192
------------------	-------------	------------------------

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

Name of Employer Key Insurance & Real Estate	Occupation Owner
---	---------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		23		2014

**Transaction ID : A-CF31471**

Amount of Each Receipt this Period  
**250**

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

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

**800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 4601 S Oxbow Avenue  
Apt. 206

City State Zip Code  
Sioux Falls SD 57106-4132

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**220**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31546**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Jody Barbour**

Mailing Address 5038 Carriage Hills Drive

City State Zip Code  
Rapid City SD 57702-9217

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

Name of Employer Occupation Information Requested  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : A-MCNF650**

Amount of Each Receipt this Period  
**500**

Reattribution to spouse  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Scott Barbour**

Mailing Address 5038 Carriage Hills Drive

City State Zip Code  
Rapid City SD 57702-9217

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

Name of Employer Occupation Information Requested  
Northwest Pipe Fittings Wholesale Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600**

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

**Transaction ID : A-CF31168**

Amount of Each Receipt this Period  
**500**

Reattribution/Redesignation requested

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

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

**550.00**

**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 136
	<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)  
**Kristi for Congress**

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

Mailing Address 5038 Carriage Hills Drive

City State Zip Code  
Rapid City SD 57702-9217

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

Name of Employer Occupation  
Northwest Pipe Fittings Wholesale Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : A-MCNF649**

Amount of Each Receipt this Period  
**-500**

Reattribution from spouse

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Arden J. Barlow**

Mailing Address 3809 S Slaten Park Drive

City State Zip Code  
Sioux Falls SD 57103-4636

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**405**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31438**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Pierre D. Barnes**

Mailing Address 19995 280th Avenue

City State Zip Code  
Pierre SD 57501-6528

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : A-CF31053**

Amount of Each Receipt this Period  
**100**

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

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

**150.00**

**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 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Walter R. Barry Jr.**

Mailing Address 2960 Gale Road

City State Zip Code  
Wayzata MN 55391-2626

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : A-CF31025**

Amount of Each Receipt this Period  
**2100**

**B.** Full Name (Last, First, Middle Initial)  
**Walter R. Barry Jr.**

Mailing Address 2960 Gale Road

City State Zip Code  
Wayzata MN 55391-2626

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31645**

Amount of Each Receipt this Period  
**1500**

**C.** Full Name (Last, First, Middle Initial)  
**Dennis J. Batteen**

Mailing Address PO Box 99

City State Zip Code  
Aberdeen SD 57402-0099

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : A-CF31591**

Amount of Each Receipt this Period  
**1000**

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

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

**4600.00**

**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 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert N. Beck**

Mailing Address **PO Box 627**

City **Pebble Beach** State **CA** Zip Code **93953-0627**

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

Name of Employer **Beck Consulting Group LLC** Occupation **Organization Consultant**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **966**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2014**

**Transaction ID : A-CF31574**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Robert N. Beck**

Mailing Address **PO Box 627**

City **Pebble Beach** State **CA** Zip Code **93953-0627**

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

Name of Employer **Beck Consulting Group LLC** Occupation **Organization Consultant**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **966**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2014**

**Transaction ID : A-CF31610**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Robert N. Beck**

Mailing Address **PO Box 627**

City **Pebble Beach** State **CA** Zip Code **93953-0627**

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

Name of Employer **Beck Consulting Group LLC** Occupation **Organization Consultant**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **966**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31629**

Amount of Each Receipt this Period  
**50**

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

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

**200.00**

**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 136
	<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)  
**Kristi for Congress**

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

Mailing Address 3568 S Spencer Boulevard

City State Zip Code  
Sioux Falls SD 57103-4653

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4100**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 08 / 2014**

**Transaction ID : A-CF31220**

Amount of Each Receipt this Period  
**1500**

**B.** Full Name (Last, First, Middle Initial)  
**Vernell C. Benson**

Mailing Address PO Box 453

City State Zip Code  
Vermillion SD 57069-0453

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**265**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : A-CF31201**

Amount of Each Receipt this Period  
**30**

**C.** Full Name (Last, First, Middle Initial)  
**Lyle L. Berg**

Mailing Address 42856 142nd Street

City State Zip Code  
Webster SD 57274-5510

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : A-CF31054**

Amount of Each Receipt this Period  
**100**

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

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

**1630.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lyle L. Berg**

Mailing Address 42856 142nd Street

City Webster State SD Zip Code 57274-5510

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31547**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Keith R. Bergh**

Mailing Address PO Box 88507

City Sioux Falls State SD Zip Code 57109-8507

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

Name of Employer Dollar Loan Center Occupation Owner/Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31548**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Jerome Bieber**

Mailing Address 108 W Logan Avenue Uve

City Gettysburg State SD Zip Code 57442-1534

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31247**

Amount of Each Receipt this Period  
**50**

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

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

**1150.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 136
	<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)  
**Kristi for Congress**

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

Mailing Address 108 W Logan Avenue  
Uve

City State Zip Code  
Gettysburg SD 57442-1534

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**275**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31439**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Paul M. Bjordahl**

Mailing Address 609 W Cascade Street

City State Zip Code  
Sioux Falls SD 57108-3122

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

Name of Employer Occupation  
Sanford Health Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31688**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth B. Blair**

Mailing Address 113 Iron Bridge Road

City State Zip Code  
Sarver PA 16055-8651

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**425**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 28 / 2014**

**Transaction ID : A-CF31575**

Amount of Each Receipt this Period  
**100**

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

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

**650.00**

**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 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John T Blender**

Mailing Address 3046 Player Drive

City State Zip Code  
Rapid City SD 57702-5034

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

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

**Transaction ID : A-CF31169**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Robert W Bond**

Mailing Address 5109 Stoney Creek Drive

City State Zip Code  
Rapid City SD 57702-9261

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

Name of Employer Information Requested Occupation Information Requested  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
625

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : A-CF31055**

Amount of Each Receipt this Period  
125

**C.** Full Name (Last, First, Middle Initial)  
**Robert W Bond**

Mailing Address 5109 Stoney Creek Drive

City State Zip Code  
Rapid City SD 57702-9261

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

Name of Employer Information Requested Occupation Information Requested  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
625

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : A-CF31474**

Amount of Each Receipt this Period  
500

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

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

1125.00

**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 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Clayton E. Borchardt**

Mailing Address **PO Box 274**

City **Brookings** State **SD** Zip Code **57006-0274**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : A-CF31083**

Amount of Each Receipt this Period  
**25**

**B.** Full Name (Last, First, Middle Initial)  
**Clayton E. Borchardt**

Mailing Address **PO Box 274**

City **Brookings** State **SD** Zip Code **57006-0274**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31708**

Amount of Each Receipt this Period  
**25**

**C.** Full Name (Last, First, Middle Initial)  
**Fred W. Both III**

Mailing Address **433 S Phelps Avenue**

City **Arlington Heights** State **IL** Zip Code **60004-6919**

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

Name of Employer **Signature Flight Support** Occupation **Flightline Service**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **260**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : A-CF31126**

Amount of Each Receipt this Period  
**90**

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

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

**140.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 136
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>Jeff Broin</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2014
Mailing Address 809 W 3rd Street		<b>Transaction ID : A-CF31026</b>
City Dell Rapids	State SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1400
Name of Employer POET	Occupation President	Reattribution/Redesignation requested
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700	

Full Name (Last, First, Middle Initial) <b>Jeff Broin</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2014
Mailing Address 809 W 3rd Street		<b>Transaction ID : A-MCNF645</b>
City Dell Rapids	State SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -100
Name of Employer POET	Occupation President	Redesignation from primary
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>Jeff Broin</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2014
Mailing Address 809 W 3rd Street		<b>Transaction ID : A-MCNF646</b>
City Dell Rapids	State SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100
Name of Employer POET	Occupation President	Redesignation to general
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 136
	<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)  
**Kristi for Congress**

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

Mailing Address 809 W 3rd Street

City State Zip Code  
Dell Rapids SD 57022-1814

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

Name of Employer Occupation  
POET President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : A-MCNF647**

Amount of Each Receipt this Period  
**-1300**

Reattribution from spouse

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Miriam Broin**

Mailing Address 3220 E Old Orchard Trail

City State Zip Code  
Sioux Falls SD 57103-4861

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31647**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Tammie Broin**

Mailing Address 809 W 3rd Street

City State Zip Code  
Dell Rapids SD 57022-1814

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : A-MCNF648**

Amount of Each Receipt this Period  
**1300**

Reattribution to spouse

**[MEMO ITEM]**

**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 18 OF 136
	<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)  
**Kristi for Congress**

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

Mailing Address 4825 Enchanted Pines Drive

City	State	Zip Code
Rapid City	SD	57701-9206

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

Name of Employer	Occupation
Town & Country Motel	President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : A-CF30995**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Judy A. Buckingham**

Mailing Address 5311 Carriage Hills Drive

City	State	Zip Code
Rapid City	SD	57702-8304

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

Name of Employer	Occupation
Homemaker	Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : A-MCNF656**

Amount of Each Receipt this Period  
**2600**

Reattribution to spouse  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Judy A. Buckingham**

Mailing Address 5311 Carriage Hills Drive

City	State	Zip Code
Rapid City	SD	57702-8304

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

Name of Employer	Occupation
Homemaker	Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : A-MCNF657**

Amount of Each Receipt this Period  
**-2600**

Redesignation from primary  
**[MEMO ITEM]**

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

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

**500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 5311 Carriage Hills Drive

City State Zip Code  
Rapid City SD 57702-8304

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : A-MCNF658**

Amount of Each Receipt this Period  
**2600**

Redesignation to general

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Robert D. Buckingham**

Mailing Address 5311 Carriage Hills Drive

City State Zip Code  
Rapid City SD 57702-8304

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

Name of Employer Occupation  
Dlorah, Inc. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : A-CF31202**

Amount of Each Receipt this Period  
**4500**

Reattribution/Redesignation requested

**C.** Full Name (Last, First, Middle Initial)  
**Robert D. Buckingham**

Mailing Address 5311 Carriage Hills Drive

City State Zip Code  
Rapid City SD 57702-8304

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

Name of Employer Occupation  
Dlorah, Inc. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : A-MCNF653**

Amount of Each Receipt this Period  
**-1900**

Redesignation from primary

**[MEMO ITEM]**

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

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

**4500.00**

**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 136  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert D. Buckingham**

Mailing Address 5311 Carriage Hills Drive

City State Zip Code  
Rapid City SD 57702-8304

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

Name of Employer Occupation  
Dlorah, Inc. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : A-MCNF654**

Amount of Each Receipt this Period  
**1900**

Redesignation to general  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Robert D. Buckingham**

Mailing Address 5311 Carriage Hills Drive

City State Zip Code  
Rapid City SD 57702-8304

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

Name of Employer Occupation  
Dlorah, Inc. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : A-MCNF655**

Amount of Each Receipt this Period  
**-2600**

Reattribution from spouse  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Patrick J. Burchill**

Mailing Address 3002 Stockade Drive

City State Zip Code  
Rapid City SD 57702-5250

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

Name of Employer Occupation  
US Bank Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31248**

Amount of Each Receipt this Period  
**1000**

**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 21 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Neal E. Busch**

Mailing Address **PO Box 416**

City **Yankton** State **SD** Zip Code **57078-0416**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **395**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31249**

Amount of Each Receipt this Period  
**35**

**B.** Full Name (Last, First, Middle Initial)  
**Darrell D. Butterwick**

Mailing Address **PO Box 25604**

City **Saint Paul** State **MN** Zip Code **55125-0604**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31648**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Dean R. Bymers**

Mailing Address **PO Box 68**

City **Raymond** State **SD** Zip Code **57258-0068**

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

Name of Employer **Self-Employed** Occupation **Farmer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **530**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31442**

Amount of Each Receipt this Period  
**50**

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

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

**135.00**

**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 136
	<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)  
**Kristi for Congress**

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

Mailing Address 17027 Old Stoneville Road

City Stoneville State SD Zip Code 57787-7108

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **320**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : A-CF31015**

Amount of Each Receipt this Period  
**40**

**B.** Full Name (Last, First, Middle Initial)  
**Henry Carlson Jr.**

Mailing Address 9101 E Madison Street

City Sioux Falls State SD Zip Code 57110-7463

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : A-CF30973**

Amount of Each Receipt this Period  
**1000**

Reattribution/Redesignation requested

**C.** Full Name (Last, First, Middle Initial)  
**Henry Carlson Jr.**

Mailing Address 9101 E Madison Street

City Sioux Falls State SD Zip Code 57110-7463

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : A-MCNF641**

Amount of Each Receipt this Period  
**-1000**

Redesignation from primary  
**[MEMO ITEM]**

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

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

**1040.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Henry Carlson Jr.**

Mailing Address 9101 E Madison Street

City State Zip Code  
Sioux Falls SD 57110-7463

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : A-MCNF642**

Amount of Each Receipt this Period  
**1000**

Redesignation to general  
**[MEMO ITEM]**

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

Mailing Address 876 S Lake Drive

City State Zip Code  
Watertown SD 57201-5458

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**850**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : A-CF31592**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**John A. Caruso Sr.**

Mailing Address 220 Montbleu Drive

City State Zip Code  
Getzville NY 14068-1331

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700**

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

**Transaction ID : A-CF31170**

Amount of Each Receipt this Period  
**300**

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

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

**550.00**

**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 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas R. Coleman Jr.**

Mailing Address 140 S Brown Road

City Long Lake State MN Zip Code 55356-9134

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : A-CF31315**

Amount of Each Receipt this Period  
 250

**B.** Full Name (Last, First, Middle Initial)  
**John Malphus Corothers USN (Ret)**

Mailing Address 47617 181st Street

City Clear Lake State SD Zip Code 57226-5402

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **775**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : A-CF31475**

Amount of Each Receipt this Period  
 100

**C.** Full Name (Last, First, Middle Initial)  
**Vance Crocker**

Mailing Address 835 Enchanted Pines Drive

City Rapid City State SD Zip Code 57701-9259

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

Name of Employer Black Hills Power Occupation VP Operations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 24 / 2014

**Transaction ID : A-CF31024**

Amount of Each Receipt this Period  
 500

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 25 OF 136  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Janet B. Cronin**

Mailing Address **PO Box 124**

City **Gettysburg** State **SD** Zip Code **57442-0124**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 17 / 2014**

**Transaction ID : A-CF31296**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**L. Byron Culver**

Mailing Address **PO Box 876**

City **Rancho Santa Fe** State **CA** Zip Code **92067-0876**

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

Name of Employer **Culver & Associates** Occupation **Real Estate Counsel**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 24 / 2014**

**Transaction ID : A-CF31514**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**L. Byron Culver**

Mailing Address **PO Box 876**

City **Rancho Santa Fe** State **CA** Zip Code **92067-0876**

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

Name of Employer **Culver & Associates** Occupation **Real Estate Counsel**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : A-CF31593**

Amount of Each Receipt this Period  
**100**

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

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

**450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David E. Dalrymple**

Mailing Address 8 Strawberry Bank Road  
Apt. 1

City State Zip Code  
Nashua NH 03062-2763

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31650**

Amount of Each Receipt this Period  
**25**

**B.** Full Name (Last, First, Middle Initial)  
**Karen Day**

Mailing Address 400 Parkwood Drive  
Apt. 322

City State Zip Code  
Pierre SD 57501-3373

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**325**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : A-CF31214**

Amount of Each Receipt this Period  
**25**

**C.** Full Name (Last, First, Middle Initial)  
**Karen Day**

Mailing Address 400 Parkwood Drive  
Apt. 322

City State Zip Code  
Pierre SD 57501-3373

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**325**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31550**

Amount of Each Receipt this Period  
**50**

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

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

**100.00**

**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 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 44541 176th Street

City Hazel State SD Zip Code 57242-6603

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2850**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31551**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Nancy Den Hartog**

Mailing Address 7745 Cinnamon Ridge Drive

City Rapid City State SD Zip Code 57702-4778

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : A-CF30975**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Kathryn M. Dennis**

Mailing Address 4780 Cliff Dr

City Rapid City State SD Zip Code 57702

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31476**

Amount of Each Receipt this Period  
**250**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**W. Stephen Doshier**

Mailing Address 3302 Snowmass Court

City State Zip Code  
Rapid City SD 57702-4834

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

Name of Employer Occupation  
Hills Materials Co. Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**290**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 17 / 2014**

**Transaction ID : A-CF31297**

Amount of Each Receipt this Period  
**25**

**B.** Full Name (Last, First, Middle Initial)  
**Benjamin T. Doughty**

Mailing Address 2705 Cameron Drive

City State Zip Code  
Rapid City SD 57702-5284

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : A-CF30976**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Stephen G. Eckrich**

Mailing Address 5511 Shooting Star Trail

City State Zip Code  
Rapid City SD 57702-8867

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

Name of Employer Occupation  
Black Hills Orthopedic & Spine Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31252**

Amount of Each Receipt this Period  
**1000**

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

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

**1075.00**

**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 136
	<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)  
**Kristi for Congress**

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

Mailing Address 138 Eframson Drive

City State Zip Code  
Bryant SD 57221-2051

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**295**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31652**

Amount of Each Receipt this Period  
**25**

**B.** Full Name (Last, First, Middle Initial)  
**Rita M. Elmen**

Mailing Address 820 E Tomar Place

City State Zip Code  
Sioux Falls SD 57105-7019

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1100**

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

**Transaction ID : A-CF31172**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 513 E Plum Creek Road

City State Zip Code  
Sioux Falls SD 57105-6950

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

Name of Employer Occupation  
Avera Health Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : A-CF31203**

Amount of Each Receipt this Period  
**1000**

Reattribution/Redesignation requested

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

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

**1525.00**

**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 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David L. Elson**

Mailing Address 513 E Plum Creek Road

City: Sioux Falls State: SD Zip Code: 57105-6950

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

Name of Employer: Avera Health Occupation: Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2600**

Date of Receipt: 06 / 21 / 2014

**Transaction ID : A-MCNF651**

Amount of Each Receipt this Period: **-650**

Reattribution from spouse

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Julie A. Elson**

Mailing Address 513 E Plum Creek Road

City: Sioux Falls State: SD Zip Code: 57105-6950

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

Name of Employer: Pediatric Specialists Occupation: Nurse Practitioner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **650**

Date of Receipt: 06 / 21 / 2014

**Transaction ID : A-MCNF652**

Amount of Each Receipt this Period: **650**

Reattribution to spouse

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Robert L Endres**

Mailing Address 2428 9th Avenue SE

City: Watertown State: SD Zip Code: 57201-7117

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

Name of Employer: Willow Creek Grain LLP Occupation: Farming

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2600**

Date of Receipt: 06 / 03 / 2014

**Transaction ID : A-CF31209**

Amount of Each Receipt this Period: **2600**

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

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

**2600.00**

**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 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 429 Kansas City Street  
Suite 6

City State Zip Code  
Rapid City SD 57701-3668

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

Name of Employer Occupation  
Self-Employed Insurance Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**291**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 17 / 2014**

**Transaction ID : A-CF30961**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Gloria A. Evans**

Mailing Address 1001 Alta Vista Drive

City State Zip Code  
Rapid City SD 57701-2352

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : A-CF31017**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Dennis A. Everson**

Mailing Address 811 W 3rd Street

City State Zip Code  
Yankton SD 57078-3702

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

Name of Employer Occupation  
First National Bank President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31719**

Amount of Each Receipt this Period  
**100**

**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 32 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 45129 189th Street

City Hayti State SD Zip Code 57241-5507

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 17 / 2014**

**Transaction ID : A-CF31299**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Carol D Faulstich**

Mailing Address 33795 186th Street

City Highmore State SD Zip Code 57345-5305

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

Name of Employer Faulstich Farm Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : A-CF31089**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**M. Ann Fingerson**

Mailing Address 400 Parkwood Drive  
Apt. 207

City Pierre State SD Zip Code 57501-3372

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **270**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : A-CF31019**

Amount of Each Receipt this Period  
**10**

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

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

**510.00**

**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 136
	<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)  
**Kristi for Congress**

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

Mailing Address 400 Parkwood Drive  
Apt. 207

City Pierre State SD Zip Code 57501-3372

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **270**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31386**

Amount of Each Receipt this Period  
**20**

**B.** Full Name (Last, First, Middle Initial)  
**Alfred R. Fosse**

Mailing Address 1 John Anderson Drive  
Apt. 317

City Ormond Beach State FL Zip Code 32176-5788

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31554**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Kenny L Fox**

Mailing Address PO Box 37

City Belvidere State SD Zip Code 57521-0037

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

Name of Employer Self-Employed Occupation Cattle And Horse Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31691**

Amount of Each Receipt this Period  
**2000**

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

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

**2120.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address **PO Box 35**

City **Florence** State **VT** Zip Code **05744-0035**

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

Name of Employer Information Requested  
**Information Requested**

Occupation Information Requested  
**Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31479**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Nathan E. Franzen**

Mailing Address **174 Oak Hills Drive**

City **Yankton** State **SD** Zip Code **57078-6723**

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

Name of Employer Information Requested  
**First Dakota National Bank**

Occupation Information Requested  
**Banker**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : A-CF31160**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Cynthia Frederick**

Mailing Address **18806 446th Avenue**

City **Hayti** State **SD** Zip Code **57241-5530**

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

Name of Employer Information Requested  
**Self-Employed**

Occupation Information Requested  
**Farmer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31709**

Amount of Each Receipt this Period  
**250**

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

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

**750.00**

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

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

FOR LINE NUMBER: PAGE 35 OF 136  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roger J. Fritz**

Mailing Address 18103 447th Avenue

City Hazel State SD Zip Code 57242-5205

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3100**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 18 / 2014**

**Transaction ID : A-CF31304**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Suzanne Lien Gabrielson**

Mailing Address PO Box 440

City Rapid City State SD Zip Code 57709-0440

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

Name of Employer Pete Lien & Sons Occupation CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : A-CF30946**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Ron Gambill**

Mailing Address 127 Gillette Drive

City Franklin State TN Zip Code 37069-4113

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

Name of Employer State of Tennessee Occupation Education Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31654**

Amount of Each Receipt this Period  
**200**

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

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

**950.00**

**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 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles F. Gorder Sr.**

Mailing Address 5526 Toyon Road

City San Diego State CA Zip Code 92115-1020

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31481**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Ralph D. Gross**

Mailing Address 101 E 5th Street Apt. 4

City Freeman State SD Zip Code 57029-2093

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 19 / 2014**

**Transaction ID : A-CF31322**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**John D. Haak**

Mailing Address 43919 Sd Highway 34

City Winfred State SD Zip Code 57076-7005

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

Name of Employer Double J Farms Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : A-CF31353**

Amount of Each Receipt this Period  
**200**

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

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

**550.00**

**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 136
	<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)  
**Kristi for Congress**

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

Mailing Address 46954 272nd Street

City Tea	State SD	Zip Code 57064-8101
-------------	-------------	------------------------

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

Name of Employer Lakota Events Hall	Occupation Owner
--	---------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31655**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Jeff C. Hall**

Mailing Address 48041 295th Street

City Hudson	State SD	Zip Code 57034-6514
----------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Farmer
-----------------------------------	----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2400**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31656**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Dean R. Hamm**

Mailing Address 7900 Sheridan Lake Road

City Rapid City	State SD	Zip Code 57702-9050
--------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1150**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31557**

Amount of Each Receipt this Period  
**200**

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

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

**550.00**

**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 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bernie H. P. Hanson**

Mailing Address 688 N Lake Drive

City Watertown State SD Zip Code 57201-5516

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

Name of Employer Self-Employed Occupation Ophthalmologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : A-CF31090**

Amount of Each Receipt this Period  
**400**

**B.** Full Name (Last, First, Middle Initial)  
**James R. Hanson**

Mailing Address PO Box 190

City Bison State SD Zip Code 57620-0190

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5225**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : A-CF31130**

Amount of Each Receipt this Period  
**25**

Refund to be issued

**C.** Full Name (Last, First, Middle Initial)  
**Margaret L. Hanson**

Mailing Address 240 Walnut Street

City Bristol State PA Zip Code 19007-4929

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **570**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A-CF31105**

Amount of Each Receipt this Period  
**40**

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

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

**465.00**

**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 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 1116 W 6th Avenue

City Mitchell State SD Zip Code 57301-1722

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **305**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : A-CF30980**

Amount of Each Receipt this Period  
**60**

**B.** Full Name (Last, First, Middle Initial)  
**Irene A. Hasz**

Mailing Address 1116 W 6th Avenue

City Mitchell State SD Zip Code 57301-1722

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **305**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31657**

Amount of Each Receipt this Period  
**60**

**C.** Full Name (Last, First, Middle Initial)  
**Jerry Heiberger**

Mailing Address PO Box 933

City Clear Lake State SD Zip Code 57226-0933

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

Name of Employer Information Requested Occupation Information Requested  
 ITL Telecom General Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : A-CF30947**

Amount of Each Receipt this Period  
**250**

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

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

**370.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Edgar L. Hemmelman**

Mailing Address 2013 Tiree Drive

City Fort Pierre State SD Zip Code 57532-2099

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **475**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 24 / 2014**

**Transaction ID : A-CF31366**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Jane Hennings**

Mailing Address 20170 459th Avenue

City Arlington State SD Zip Code 57212-5028

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

Name of Employer SD State University Occupation Veterinarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : A-CF31183**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Hellene O. Henrikson**

Mailing Address 5226 N Via Agrifoglio

City Tucson State AZ Zip Code 85750-6039

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275**

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

**Transaction ID : A-CF31173**

Amount of Each Receipt this Period  
**100**

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

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

**300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Scott N Hier**

Mailing Address 379605 N Shore Drive

City Aberdeen State SD Zip Code 57401-8330

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31482**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Craig Hodson**

Mailing Address 2821 Sailor Avenue

City Ventura State CA Zip Code 93001-4157

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31559**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Kristi Hoffman**

Mailing Address 13655 Silver Fox Spur

City Rapid City State SD Zip Code 57702-6532

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

Name of Employer Black Hills Ammunition Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : A-CF31601**

Amount of Each Receipt this Period  
**2600**

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

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

**3050.00**

**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 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Philip N. Hogen**

Mailing Address 1295 Bandana Boulevard N  
Office BLDG

City Saint Paul State MN Zip Code 55108-5126

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **255**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 21 / 2014**

**Transaction ID : A-CF31008**

Amount of Each Receipt this Period  
**255**

**B.** Full Name (Last, First, Middle Initial)  
**Daniel C. Holland**

Mailing Address 378 Wildflower Road

City Yankton State SD Zip Code 57078-6770

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31236**

Amount of Each Receipt this Period  
**300**

**C.** Full Name (Last, First, Middle Initial)  
**Dale C. Holm**

Mailing Address 804 Firesteel Drive

City Mitchell State SD Zip Code 57301-2168

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : A-CF30981**

Amount of Each Receipt this Period  
**500**

Reattribution/Redesignation requested

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

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

**1055.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dale C. Holm</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2014	
Mailing Address 804 Firesteel Drive		<b>Transaction ID : A-MCNF639</b>	
City Mitchell State SD Zip Code 57301-2168	Amount of Each Receipt this Period _____ -500		
FEC ID number of contributing federal political committee. <b>C</b>	Reattribution from spouse <b>[MEMO ITEM]</b>		
Name of Employer Retired Occupation Retired	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date _____ 2600			

Full Name (Last, First, Middle Initial) <b>B. Marla J. Holm</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2014	
Mailing Address 804 Firesteel Drive		<b>Transaction ID : A-MCNF640</b>	
City Mitchell State SD Zip Code 57301-2168	Amount of Each Receipt this Period _____ 500		
FEC ID number of contributing federal political committee. <b>C</b>	Reattribution to spouse <b>[MEMO ITEM]</b>		
Name of Employer Retired Occupation Retired	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date _____ 1000			

Full Name (Last, First, Middle Initial) <b>C. Steven J. Horsman</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 7331 Shallowford Avenue		<b>Transaction ID : A-CF31174</b>	
City Las Vegas State NV Zip Code 89131-3372	Amount of Each Receipt this Period _____ 50		
FEC ID number of contributing federal political committee. <b>C</b>	Reattribution from spouse <b>[MEMO ITEM]</b>		
Name of Employer Hard Hotel & Casino Occupation Executive Director	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date _____ 350			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 50.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steven J. Horsman**

Mailing Address 7331 Shallowford Avenue

City Las Vegas State NV Zip Code 89131-3372

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

Name of Employer Hard Hotel & Casino Occupation Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31720**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Richard E. Huffmann Jr.**

Mailing Address 321 9th Avenue NE  
Apt. 306

City Aberdeen State SD Zip Code 57401-2472

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31484**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Rick Husted**

Mailing Address PO Box 1

City Wall State SD Zip Code 57790-0001

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

Name of Employer Wall Drug Store, Inc. Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : A-MCNF637**

Amount of Each Receipt this Period  
**-400**  
 Redesignation from primary  
**[MEMO ITEM]**

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

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

**150.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 136
	<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)  
**Kristi for Congress**

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

Mailing Address **PO Box 1**

City **Wall** State **SD** Zip Code **57790-0001**

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

Name of Employer **Wall Drug Store, Inc.** Occupation **Chairman**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : A-MCNF638**

Amount of Each Receipt this Period  
**400**

Redesignation to general  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Jeff Jackson**

Mailing Address **820 W Grand Crossing**

City **Mobridge** State **SD** Zip Code **57601-1952**

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

Name of Employer **Jackson Enterprises** Occupation **Hospital Management**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 18 / 2014**

**Transaction ID : A-CF31351**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Delphine E. Janusz**

Mailing Address **1004 S Jay Street**

City **Aberdeen** State **SD** Zip Code **57401-7129**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : A-CF31133**

Amount of Each Receipt this Period  
**200**

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

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

**450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William M. Jencks**

Mailing Address 1055 N 5th Street  
Unit 70

City Jacksonville State OR Zip Code 97530-9653

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

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

**Transaction ID : A-CF31175**

Amount of Each Receipt this Period  
**25**

**B.** Full Name (Last, First, Middle Initial)  
**William M. Jencks**

Mailing Address 1055 N 5th Street  
Unit 70

City Jacksonville State OR Zip Code 97530-9653

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31658**

Amount of Each Receipt this Period  
**25**

**C.** Full Name (Last, First, Middle Initial)  
**Roger S. Johnsen**

Mailing Address 4838 Mountain Springs Court

City Rapid City State SD Zip Code 57702-0229

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

Name of Employer Self-Employed Occupation Concrete Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31255**

Amount of Each Receipt this Period  
**250**

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

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

**300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 44831 117th Street

City State Zip Code  
Sisseton SD 57262-6200

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

Name of Employer Occupation  
Self-Employed RN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**315**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : A-CF31092**

Amount of Each Receipt this Period  
**150**

**B.** Full Name (Last, First, Middle Initial)  
**Leila L. Joyce**

Mailing Address 12781 White Tail Road

City State Zip Code  
Custer SD 57730-8324

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : A-CF31094**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Verle W. Jucht**

Mailing Address 25875 475th Avenue

City State Zip Code  
Renner SD 57055-6505

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**441**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 01 / 2014**

**Transaction ID : A-CF31037**

Amount of Each Receipt this Period  
**100**

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

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

**350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 4021 Penrose Place

City	State	Zip Code
Rapid City	SD	57702-6826

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

Name of Employer	Occupation
Black Hills Corp.	Govt Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31259**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**John P. Keast**

Mailing Address 12594 Spiller Lane

City	State	Zip Code
Manassas	VA	20112-8831

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

Name of Employer	Occupation
Cornerstone Govt Affairs	Govt Affairs Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : A-CF31216**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Bette Kettwig**

Mailing Address 44163 178th Street

City	State	Zip Code
Hazel	SD	57242-5133

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

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31659**

Amount of Each Receipt this Period  
**250**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kem K. Kjerstad**

Mailing Address 1810 Pevans Parkway

City State Zip Code  
Rapid City SD 57701-5399

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31261**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Barbara A Klein**

Mailing Address 835 Hidden Valley Drive

City State Zip Code  
Watertown SD 57201-5482

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

Name of Employer Occupation  
Kenz America LLC Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : A-CF31099**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Stephen M. Kovarik**

Mailing Address 13968 Neck Yoke Road

City State Zip Code  
Rapid City SD 57702-7314

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

Name of Employer Occupation  
Black Hills Pediatrics Pediatrician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : A-CF31020**

Amount of Each Receipt this Period  
**1000**

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

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

**1700.00**

**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 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 45872 271st

City State Zip Code  
parker SD 57053

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

Name of Employer Occupation  
Self-Employed Custom Harvesting and Trucking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2014

**Transaction ID : A-CF31613**

Amount of Each Receipt this Period  
250

**B.** Full Name (Last, First, Middle Initial)  
**Vickie Lair**

Mailing Address 1161 Sanctuary Drive

City State Zip Code  
Fairborn OH 45324-4387

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

Name of Employer Occupation  
Sinclair Community College Mathematics Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2014

**Transaction ID : A-CF30948**

Amount of Each Receipt this Period  
50

**C.** Full Name (Last, First, Middle Initial)  
**Marietta Lakness**

Mailing Address 44538 184th Street

City State Zip Code  
Hayti SD 57241-5100

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

Name of Employer Occupation  
Self-Employed Farming

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2014

**Transaction ID : A-CF31487**

Amount of Each Receipt this Period  
250

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wayne K. Larsen**

Mailing Address 26845 468th Avenue

City State Zip Code  
Sioux Falls SD 57106-8017

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

Name of Employer Occupation  
Tea Area School District School Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**245**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : A-CF31352**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Keith Larson**

Mailing Address 19747 431st Avenue

City State Zip Code  
De Smet SD 57231-5217

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31269**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Ronald L. Larson**

Mailing Address 10536 Hlousek Lane

City State Zip Code  
Belle Fourche SD 57717-8700

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**385**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : A-CF31142**

Amount of Each Receipt this Period  
**25**

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

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

**1075.00**

**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 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Max L. Leget**

Mailing Address 435 Prentis Avenue

City State Zip Code  
Vermillion SD 57069-2515

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : A-CF30949**

Amount of Each Receipt this Period  
**150**

**B.** Full Name (Last, First, Middle Initial)  
**Brian H. Lerohl**

Mailing Address 29048 486th Avenue

City State Zip Code  
Fairview SD 57027-6204

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

Name of Employer Occupation  
Boiler Repair & Consulting Mechanic

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31488**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Herbert Alan Levin**

Mailing Address 724 E Grinnell Drive

City State Zip Code  
Burbank CA 91501-1720

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

Name of Employer Occupation  
California DOJ Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : A-CF31157**

Amount of Each Receipt this Period  
**75**

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

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

**275.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Herbert Alan Levin**

Mailing Address 724 E Grinnell Drive

City Burbank	State CA	Zip Code 91501-1720
-----------------	-------------	------------------------

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

Name of Employer California DOJ	Occupation Attorney
------------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		30		2014

**Transaction ID : A-CF31631**

Amount of Each Receipt this Period  
**75**

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Lien**

Mailing Address PO Box 440

City Rapid City	State SD	Zip Code 57709-0440
--------------------	-------------	------------------------

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

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**950**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		15		2014

**Transaction ID : A-CF30950**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Betty J Lindeman**

Mailing Address 12675 Sd Highway 1804

City Mobridge	State SD	Zip Code 57601-5002
------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		13		2014

**Transaction ID : A-CF31260**

Amount of Each Receipt this Period  
**250**

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

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

**575.00**

**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 54 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 5021 S Old Yankton Place

City State Zip Code  
Sioux Falls SD 57108-2637

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

Name of Employer Occupation  
Orthopedic Institute Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31694**

Amount of Each Receipt this Period  
**1500**

**B.** Full Name (Last, First, Middle Initial)  
**Leon W. Lowe**

Mailing Address 540 Falcon Crest Drive  
Apt. 160

City State Zip Code  
Spearfish SD 57783-3254

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : A-CF31135**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Beverly A. Mack**

Mailing Address 1900 5th Street SE

City State Zip Code  
Watertown SD 57201-5242

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

Name of Employer Occupation  
Mack Steel Warehouse Secretary

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : A-CF31217**

Amount of Each Receipt this Period  
**100**

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

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

**1650.00**

**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 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel P Maguire**

Mailing Address 23759 Pine Haven Drive

City State Zip Code  
Rapid City SD 57702-7407

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

Name of Employer Occupation  
Black Hills Agency Inc. Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**325**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : A-CF31065**

Amount of Each Receipt this Period  
**75**

**B.** Full Name (Last, First, Middle Initial)  
**W. Kevin Maher**

Mailing Address 3530 Sheridan Lake Road

City State Zip Code  
Rapid City SD 57702-5329

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

Name of Employer Occupation  
GE Capital Financial Services

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : A-CF31121**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Donald K. McColley**

Mailing Address 255 Texas Street  
Apt. C359

City State Zip Code  
Rapid City SD 57701-7323

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**275**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31562**

Amount of Each Receipt this Period  
**100**

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

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

**425.00**

**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 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 218 N New Street

City Staunton State VA Zip Code 24401-3638

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **380**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31204**

Amount of Each Receipt this Period  
**75**

**B.** Full Name (Last, First, Middle Initial)  
**Marguerite V. McPhillips**

Mailing Address 23886 Pioneer Ridge Road

City Rapid City State SD Zip Code 57702-7325

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

Name of Employer Edward Jones Occupation Senior Branch Office Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : A-CF31270**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Ellen Melius**

Mailing Address 1402 Elm Street

City Faulkton State SD Zip Code 57438-2142

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

Name of Employer Melius Farms and Feedlot Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **265**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : A-CF31661**

Amount of Each Receipt this Period  
**100**

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

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

**425.00**

**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 136  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address **PO Box 153**

City **Colman** State **SD** Zip Code **57017-0153**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31662**

Amount of Each Receipt this Period  
**75**

**B.** Full Name (Last, First, Middle Initial)  
**Nick Merrigan**

Mailing Address **2224 N University Road**

City **Vermillion** State **SD** Zip Code **57069-6932**

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31489**

Amount of Each Receipt this Period  
**200**

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

Mailing Address **40009 101st Street**

City **Hecla** State **SD** Zip Code **57446-5402**

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

Name of Employer **Dakota Hunting Farms** Occupation **Owner**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : A-CF30951**

Amount of Each Receipt this Period  
**250**

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

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

**525.00**

**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 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steve T. Morgan**

Mailing Address 45 Golf Drive

City State Zip Code  
Wentworth SD 57075-7300

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 24 / 2014**

**Transaction ID : A-CF31504**

Amount of Each Receipt this Period  
**150**

**B.** Full Name (Last, First, Middle Initial)  
**Milton G. Mutch**

Mailing Address 3004 W Donahue Drive

City State Zip Code  
Sioux Falls SD 57105-0154

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

Name of Employer Occupation  
OBGYN Ltd. Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31695**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Allen G. Nelson**

Mailing Address 333 West Boulevard  
Lobby 4

City State Zip Code  
Rapid City SD 57701-4124

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

Name of Employer Occupation  
Bangs McCullen Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A-CF30959**

Amount of Each Receipt this Period  
**250**

**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 59 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Allen G. Nelson**

Mailing Address 333 West Boulevard  
Lobby 4

City State Zip Code  
Rapid City SD 57701-4124

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

Name of Employer Occupation  
Bangs McCullen Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 18 / 2014**

**Transaction ID : A-CF31307**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Reuben H. Nicolai**

Mailing Address 4800 33rd Street S

City State Zip Code  
La Crosse WI 54601-2311

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

Name of Employer Occupation  
Self-Employed Farming

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1150**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : A-CF31149**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Alfred Noem**

Mailing Address 44557 192nd Street

City State Zip Code  
Lake Norden SD 57248-5800

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 16 / 2014**

**Transaction ID : A-CF31264**

Amount of Each Receipt this Period  
**250**

**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 60 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Larry D. Nupen**

Mailing Address 613 N 2nd Street

City Aberdeen State SD Zip Code 57401-2712

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **590**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : A-CF31103**

Amount of Each Receipt this Period  
**40**

**B.** Full Name (Last, First, Middle Initial)  
**Larry D. Nupen**

Mailing Address 613 N 2nd Street

City Aberdeen State SD Zip Code 57401-2712

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **590**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 19 / 2014**

**Transaction ID : A-CF31333**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Lloyd B. O'Donnell**

Mailing Address PO Box 22

City Morristown State SD Zip Code 57645-0022

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : A-CF31124**

Amount of Each Receipt this Period  
**50**

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

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

**140.00**

**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 61 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert K. Obrien**

Mailing Address 11570 Rosedale Road

City Mechanicsburg State OH Zip Code 43044-9521

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

Name of Employer Self-Employed Occupation Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : A-CF31722**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Richard R. Olander**

Mailing Address 1742 N Fitzgerald Lane

City Hanford State CA Zip Code 93230-7901

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1615**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31229**

Amount of Each Receipt this Period  
 100

**C.** Full Name (Last, First, Middle Initial)  
**Richard R. Olander**

Mailing Address 1742 N Fitzgerald Lane

City Hanford State CA Zip Code 93230-7901

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1615**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : A-CF31606**

Amount of Each Receipt this Period  
 300

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Calvin M. Oliver**

Mailing Address 1722 Tanner Bridge Road

City Jefferson City State MO Zip Code 65101-2846

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2335**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31273**

Amount of Each Receipt this Period  
**350**

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth W. Olson**

Mailing Address 1425 18th Avenue NE

City Aberdeen State SD Zip Code 57401-1500

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

Name of Employer K. Olson, Inc. Occupation Farming

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2014**

**Transaction ID : A-CF31611**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Robert L. Olson**

Mailing Address 63150 Opossum Lane

City Montrose State CO Zip Code 81403-9603

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : A-CF31125**

Amount of Each Receipt this Period  
**50**

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

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

**500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 136
	<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)  
**Kristi for Congress**

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

Mailing Address 7420 Norsemen Lane

City State Zip Code  
Rapid City SD 57702-9587

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

Name of Employer Occupation  
Gunderson Palmer Nelson Paralegal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : A-CF31150**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Vernon I Olson**

Mailing Address 44505 221st Street

City State Zip Code  
Ramona SD 57054-6042

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**235**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 24 / 2014**

**Transaction ID : A-CF31506**

Amount of Each Receipt this Period  
**30**

**C.** Full Name (Last, First, Middle Initial)  
**Joyce Ondris**

Mailing Address 503 Main Avenue

City State Zip Code  
Bancroft SD 57353-5044

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**204**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31275**

Amount of Each Receipt this Period  
**10**

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

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

**340.00**

**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 64 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Arleen B. Ortman**

Mailing Address 1409 W Dow Rummel Street  
Apt. 216

City State Zip Code  
Sioux Falls SD 57104-7820

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : A-CF31607**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Ronald Arthur Parsons**

Mailing Address 2901 E Marson Drive

City State Zip Code  
Sioux Falls SD 57103-4729

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

Name of Employer Occupation  
Johnson Heidepriem & Abdallah LLP Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1350**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31584**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Beverly A. Paschke**

Mailing Address 3600 Sheridan Lake Road

City State Zip Code  
Rapid City SD 57702-5378

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : A-CF31067**

Amount of Each Receipt this Period  
**100**

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

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

**400.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Evelyn J. Pederson**

Mailing Address 47468 280th Street

City: Worthing State: SD Zip Code: 57077-5738

FEC ID number of contributing federal political committee: C

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 800

Date of Receipt: 06 / 20 / 2014

**Transaction ID : A-CF31355**

Amount of Each Receipt this Period: 100

**B.** Full Name (Last, First, Middle Initial)  
**Kathryn A. Peterson**

Mailing Address 8588 Dreamscape Road

City: Rapid City State: SD Zip Code: 57702-8717

FEC ID number of contributing federal political committee: C

Name of Employer: Casey Peterson & Assoc Ltd Occupation: Payroll Admin

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000

Date of Receipt: 06 / 12 / 2014

**Transaction ID : A-CF31276**

Amount of Each Receipt this Period: 1000

**C.** Full Name (Last, First, Middle Initial)  
**Andrea Petrasko**

Mailing Address 1800 W Sunflower Circle

City: Sioux Falls State: SD Zip Code: 57108-2882

FEC ID number of contributing federal political committee: C

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500

Date of Receipt: 06 / 30 / 2014

**Transaction ID : A-CF31664**

Amount of Each Receipt this Period: 500

**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 66 OF 136
	<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)  
**Kristi for Congress**

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

Mailing Address 41115 284th Street

City State Zip Code  
Tripp SD 57376-6303

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**911**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31490**

Amount of Each Receipt this Period  
**110**

**B.** Full Name (Last, First, Middle Initial)  
**Jud Pins**

Mailing Address 7100 S Honors Drive

City State Zip Code  
Sioux Falls SD 57108-8190

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

Name of Employer Occupation  
Creative Surfaces President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 24 / 2014**

**Transaction ID : A-CF31468**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Joe Plihal Jr.**

Mailing Address 30174 416th Avenue

City State Zip Code  
Tyndall SD 57066-5521

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

Name of Employer Occupation  
Country Ford Inc Garage Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**736**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 18 / 2014**

**Transaction ID : A-CF31309**

Amount of Each Receipt this Period  
**50**

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

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

**1160.00**

**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 67 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joe Plihal Jr.**

Mailing Address 30174 416th Avenue

City Tyndall State SD Zip Code 57066-5521

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

Name of Employer Country Ford Inc Occupation Garage Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **736**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31622**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Caryl Lynn Poppen**

Mailing Address 42943 Ash Street

City De Smet State SD Zip Code 57231-5100

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 16 / 2014**

**Transaction ID : A-CF31265**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Larry Prager**

Mailing Address 2125 Hillsview Drive

City Belle Fourche State SD Zip Code 57717-2217

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

Name of Employer Center of the Nation Wool Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **390**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31277**

Amount of Each Receipt this Period  
**50**

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

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

**350.00**

**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 68 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 16784 Marty Road

City State Zip Code  
New Underwood SD 57761-6021

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : A-CF31106**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Martin Printz**

Mailing Address 16784 Marty Road

City State Zip Code  
New Underwood SD 57761-6021

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 24 / 2014**

**Transaction ID : A-CF31512**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Rita Rambharose**

Mailing Address 25781 Amapolas Street

City State Zip Code  
Loma Linda CA 92354-2501

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

Name of Employer Information Requested Occupation Information Requested  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**295**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31665**

Amount of Each Receipt this Period  
**30**

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

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

**380.00**

**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 69 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Elling L. Ramsey**

Mailing Address 410 S Pawnee Street

City State Zip Code  
Pierre SD 57501-3230

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**380**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31454**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Edward Michael Randazzo**

Mailing Address 516 E Tallent Street

City State Zip Code  
Rapid City SD 57701-5733

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

Name of Employer Occupation  
Life & Liberty Group Chief News Editor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1175**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31278**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Richard Rangel**

Mailing Address PO Box 3360

City State Zip Code  
Rapid City SD 57709-3360

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

Name of Employer Occupation  
RM Rangel Inc. Construction

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31279**

Amount of Each Receipt this Period  
**500**

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

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

**800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Thomas Rau</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 1240 Jackson Boulevard		<b>Transaction ID : A-CF31005</b>	
City Rapid City	State SD	Zip Code 57702-4336	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500	
Name of Employer Remax of Rapid City	Occupation Realtor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000		
		Earmarked through Votesane PAC.	

Full Name (Last, First, Middle Initial) <b>B. Lloyd A. Rave</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 47936 245th Street		<b>Transaction ID : A-CF31205</b>	
City Dell Rapids	State SD	Zip Code 57022-5412	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500	
Name of Employer Self-Employed	Occupation Farming		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700		

Full Name (Last, First, Middle Initial) <b>C. Irene Marie Rawlings</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 1524 5th Street S Apt. 1		<b>Transaction ID : A-CF31280</b>	
City Brookings	State SD	Zip Code 57006-3418	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 205		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1025.00
<b>TOTAL</b> This Period (last page this line number only).....	1025.00

**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 71 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Irene Marie Rawlings**

Mailing Address 1524 5th Street S  
Apt. 1

City State Zip Code  
Brookings SD 57006-3418

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**205**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31532**

Amount of Each Receipt this Period  
**10**

**B.** Full Name (Last, First, Middle Initial)  
**Luann L. Reynolds**

Mailing Address Aspen Hill

City State Zip Code  
Sioux Falls SD 57105

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

Name of Employer Occupation Information Requested  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31666**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**John D. Richter**

Mailing Address 1501 S Main Avenue

City State Zip Code  
Sioux Falls SD 57105-1845

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

Name of Employer Occupation Information Requested  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**210**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : A-CF30987**

Amount of Each Receipt this Period  
**25**

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

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

**285.00**

**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 72 OF 136
	<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)  
**Kristi for Congress**

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

Mailing Address 2707 Mount Rushmore Road

City State Zip Code  
Rapid City SD 57701-5324

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

Name of Employer Occupation  
Riddles Group Jewelry Retail & Manufacturers

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : A-CF31022**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**LeeAnn Rieman**

Mailing Address 2064 Harney Drive

City State Zip Code  
Rapid City SD 57702-5113

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31281**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Bob C. Robbins**

Mailing Address PO Box 460

City State Zip Code  
Fort Pierre SD 57532-0460

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

Name of Employer Occupation  
Witten Farms-McClelland Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : A-CF31109**

Amount of Each Receipt this Period  
**500**

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

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

**3600.00**

**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 73 OF 136
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>August Rysavy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2014
Mailing Address 26543 481st Avenue		<b>Transaction ID : A-CF31492</b>
City Brandon	State SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400	

Full Name (Last, First, Middle Initial) <b>Frederick W Schaffer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 22 / 2014
Mailing Address 411 N 6th Street # 3877		<b>Transaction ID : A-CF31111</b>
City Emery	State SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 580	

Full Name (Last, First, Middle Initial) <b>Frederick W Schaffer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 411 N 6th Street # 3877		<b>Transaction ID : A-CF31625</b>
City Emery	State SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 580	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 136
	<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)  
**Kristi for Congress**

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

Mailing Address 35270 Sd Highway 26

City State Zip Code  
Orient SD 57467-5505

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31696**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Gary J. Schultz**

Mailing Address 1015 E 2nd Street

City State Zip Code  
Canton SD 57013-1904

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

Name of Employer Occupation  
Keystone Treatment Center Admissions Driver

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**230**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A-CF30960**

Amount of Each Receipt this Period  
**25**

**C.** Full Name (Last, First, Middle Initial)  
**Harry Richard Schumacher**

Mailing Address 47 E 88th Street  
Apt. 14A

City State Zip Code  
New York NY 10128-1152

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**270**

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

**Transaction ID : A-CF31179**

Amount of Each Receipt this Period  
**30**

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

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

**1055.00**

**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 75 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Harry Richard Schumacher**

Mailing Address 47 E 88th Street  
Apt. 14A

City State Zip Code  
New York NY 10128-1152

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**270**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31534**

Amount of Each Receipt this Period  
**25**

**B.** Full Name (Last, First, Middle Initial)  
**Robert J. Schurger**

Mailing Address 3600 Sheridan Lake Road  
Apt. 309

City State Zip Code  
Rapid City SD 57702-5354

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : A-CF31069**

Amount of Each Receipt this Period  
**75**

**C.** Full Name (Last, First, Middle Initial)  
**James L. Scull Jr.**

Mailing Address 5693 Magic Canyon Road

City State Zip Code  
Rapid City SD 57702-4721

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

Name of Employer Occupation  
Scull Construction Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 17 / 2014**

**Transaction ID : A-CF30962**

Amount of Each Receipt this Period  
**500**

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

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

**600.00**

**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 76 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard W. Seifel**

Mailing Address 23 4th Avenue NW

City State Zip Code  
Watertown SD 57201-2416

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**340**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 16 / 2014**

**Transaction ID : A-CF31266**

Amount of Each Receipt this Period  
**25**

**B.** Full Name (Last, First, Middle Initial)  
**William C. Shermer**

Mailing Address 743 E Anamosa Street  
Apt. 206

City State Zip Code  
Rapid City SD 57701-6928

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**240**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31493**

Amount of Each Receipt this Period  
**60**

**C.** Full Name (Last, First, Middle Initial)  
**Ephriam Sieler**

Mailing Address 122 Texas Street

City State Zip Code  
Rapid City SD 57701-7645

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1350**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : A-CF31113**

Amount of Each Receipt this Period  
**100**

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

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

**185.00**

**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 77 OF 136
	<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)  
**Kristi for Congress**

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

Mailing Address 1200 E Tomar Road

City State Zip Code  
Sioux Falls SD 57105-7014

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31697**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Ronald R. Sjodin**

Mailing Address 1240 Jackson Boulevard

City State Zip Code  
Rapid City SD 57702-4336

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

Name of Employer Occupation Information Requested  
ReMax of Rapid City Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : A-CF30988**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Warren Skinner**

Mailing Address 36061 205th Street

City State Zip Code  
Miller SD 57362-6802

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

Name of Employer Occupation Information Requested  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**480**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31711**

Amount of Each Receipt this Period  
**105**

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

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

**1105.00**

**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 78 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bonnie I. Smith**

Mailing Address 40 W William

City Hazel State SD Zip Code 57242

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : A-CF31262**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**James W. Soper**

Mailing Address 701 E 2nd Avenue

City Mitchell State SD Zip Code 57301-3520

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : A-CF31569**

Amount of Each Receipt this Period  
**25**

**C.** Full Name (Last, First, Middle Initial)  
**Thomas E. Soukup Jr.**

Mailing Address 904 Estates Drive

City Wagner State SD Zip Code 57380-9300

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

Name of Employer Self-Employed Occupation Farmer/Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : A-CF31115**

Amount of Each Receipt this Period  
**25**

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

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

**550.00**

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 79 OF 136

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wendy Lantis Soulek**

Mailing Address PO Box 699

City Spearfish State SD Zip Code 57783-0699

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

Name of Employer Priority Co. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2050**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : A-CF31140**

Amount of Each Receipt this Period  
**25**

**B.** Full Name (Last, First, Middle Initial)  
**Wendy Lantis Soulek**

Mailing Address PO Box 699

City Spearfish State SD Zip Code 57783-0699

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

Name of Employer Priority Co. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2050**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31263**

Amount of Each Receipt this Period  
**25**

**C.** Full Name (Last, First, Middle Initial)  
**Wendy Lantis Soulek**

Mailing Address PO Box 699

City Spearfish State SD Zip Code 57783-0699

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

Name of Employer Priority Co. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2050**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31425**

Amount of Each Receipt this Period  
**25**

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

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

**75.00**

**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 80 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Janet Sovik**

Mailing Address 102 Sherbrooke Road

City State Zip Code  
Syracuse NY 13214-1453

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

Name of Employer Occupation  
Home Aides of Central NY Home Health Aide

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31669**

Amount of Each Receipt this Period  
**75**

**B.** Full Name (Last, First, Middle Initial)  
**David Stamp**

Mailing Address 324 Elm Avenue

City State Zip Code  
Brookings SD 57006-3220

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31671**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 1118 43rd Street NW

City State Zip Code  
Watertown SD 57201-5494

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 24 / 2014**

**Transaction ID : A-CF31370**

Amount of Each Receipt this Period  
**500**

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

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

**825.00**

**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 81 OF 136
	<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)  
**Kristi for Congress**

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

Mailing Address 3233 S Nicann Court

City Sioux Falls	State SD	Zip Code 57103-4839
---------------------	-------------	------------------------

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

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5100**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		28		2014

**Transaction ID : A-CF31027**

Amount of Each Receipt this Period  
**2100**

Reattribution/Redesignation requested

**B.** Full Name (Last, First, Middle Initial)  
**Cynthia Stys**

Mailing Address 3233 S Nicann Court

City Sioux Falls	State SD	Zip Code 57103-4839
---------------------	-------------	------------------------

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

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5100**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		21		2014

**Transaction ID : A-MCNF643**

Amount of Each Receipt this Period  
**-2100**

Redesignation from primary  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Cynthia Stys**

Mailing Address 3233 S Nicann Court

City Sioux Falls	State SD	Zip Code 57103-4839
---------------------	-------------	------------------------

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

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5100**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		21		2014

**Transaction ID : A-MCNF644**

Amount of Each Receipt this Period  
**2100**

Redesignation to general  
**[MEMO ITEM]**

**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 82 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Orville F. Taecker**

Mailing Address 111 12th Avenue NE

City Watertown State SD Zip Code 57201-1254

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

Name of Employer Andor, Inc. Occupation Plumbing & Heating Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : A-CF31117**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Thav Thambi-Pillai**

Mailing Address 8004 S Copper Ridge Road

City Sioux Falls State SD Zip Code 57108-6223

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

Name of Employer Sanford Health Occupation Transplant Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : A-CF31284**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**Fred L. Thurman**

Mailing Address 5208 S Gazena Place

City Sioux Falls State SD Zip Code 57106-7926

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

Name of Employer Thurman Comes Foley Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : A-CF31698**

Amount of Each Receipt this Period  
 1000

**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 83 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Frank E. Tierney**

Mailing Address PO Box 12065

City Omaha State NE Zip Code 68112-0065

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : A-CF31673**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Gena A. Timmerman**

Mailing Address 2505 W Sleigh Creek Circle

City Sioux Falls State SD Zip Code 57108-3003

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : A-CF31699**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**Richard G. Tinker**

Mailing Address 100 Montana Avenue  
Apt. 101

City Lead State SD Zip Code 57754-1019

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : A-CF31071**

Amount of Each Receipt this Period  
 75

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

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

675.00

**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 84 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard G. Tinker**

Mailing Address 100 Montana Avenue  
Apt. 101

City State Zip Code  
Lead SD 57754-1019

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**275**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31461**

Amount of Each Receipt this Period  
**50**

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

Mailing Address 29965 172nd Street

City State Zip Code  
Gettysburg SD 57442-5200

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**525**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : A-CF31141**

Amount of Each Receipt this Period  
**40**

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth K. Toulon**

Mailing Address PO Box 666

City State Zip Code  
Koloa HI 96756-0666

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**625**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31725**

Amount of Each Receipt this Period  
**100**

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

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

**190.00**

**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 85 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew D. Tschetter**

Mailing Address 2509 W Brentridge Circle

City State Zip Code  
Sioux Falls SD 57108-1518

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

Name of Employer Occupation  
Sanford Health Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31285**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Merle D. Twedt**

Mailing Address 25423 406th Avenue

City State Zip Code  
Mitchell SD 57301-5408

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

Name of Employer Occupation  
Coca Cola Truck Driver

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**365**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : A-CF31119**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Merle D. Twedt**

Mailing Address 25423 406th Avenue

City State Zip Code  
Mitchell SD 57301-5408

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

Name of Employer Occupation  
Coca Cola Truck Driver

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**365**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31674**

Amount of Each Receipt this Period  
**75**

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

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

**625.00**

**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 86 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ronnie D Uttecht**

Mailing Address 22379 399th Avenue

City Woonsocket State SD Zip Code 57385-6913

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31700**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Vernon C. Vanderhule**

Mailing Address 510 Chalkstone Road

City Yankton State SD Zip Code 57078-3709

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

Name of Employer S & J Leasing Inc Occupation President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31619**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Gregory J Von Wald**

Mailing Address 200 Mattie Street

City Mitchell State SD Zip Code 57301-7522

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

Name of Employer Mitchell Tech Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : A-CF31120**

Amount of Each Receipt this Period  
**100**

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

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

**300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bryan D Vrooman**

Mailing Address 25550 Moonlight Drive

City Edgemont State SD Zip Code 57735-5031

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **470**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : A-CF31072**

Amount of Each Receipt this Period  
**55**

**B.** Full Name (Last, First, Middle Initial)  
**Bryan D Vrooman**

Mailing Address 25550 Moonlight Drive

City Edgemont State SD Zip Code 57735-5031

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **470**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31464**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Carol B. Walker**

Mailing Address 1141 Deadwood Street

City Sturgis State SD Zip Code 57785-2309

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31571**

Amount of Each Receipt this Period  
**100**

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

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

**205.00**

**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 88 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert E. Weber**

Mailing Address 130 S 7th Street

City Emery State SD Zip Code 57332-2116

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **230**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31542**

Amount of Each Receipt this Period  
**25**

**B.** Full Name (Last, First, Middle Initial)  
**Susan J. Weelborg**

Mailing Address PO Box 22

City Bryant State SD Zip Code 57221-0022

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31713**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**George R. Wellington**

Mailing Address 150 Ruby Forest Parkway

City Suwanee State GA Zip Code 30024-2389

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : A-CF31495**

Amount of Each Receipt this Period  
**50**

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

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

**575.00**

**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 89 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lyle L. Wells**

Mailing Address 1751 W Bowling Street

City Anaheim State CA Zip Code 92804-5504

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225**

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

**Transaction ID : A-CF31182**

Amount of Each Receipt this Period  
**35**

**B.** Full Name (Last, First, Middle Initial)  
**Lyle L. Wells**

Mailing Address 1751 W Bowling Street

City Anaheim State CA Zip Code 92804-5504

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31726**

Amount of Each Receipt this Period  
**35**

**C.** Full Name (Last, First, Middle Initial)  
**Arlene Wessel**

Mailing Address 505 22nd Street SW

City Huron State SD Zip Code 57350-4364

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

Name of Employer Information Requested Occupation Information Requested  
 Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : A-CF31184**

Amount of Each Receipt this Period  
**100**

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

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

**170.00**

**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 90 OF 136
	<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)  
**Kristi for Congress**

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

Mailing Address 18 Wm Holland Lane

City State Zip Code  
Sisseton SD 57262-2332

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**725**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : A-CF31148**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Gary D. Wileman**

Mailing Address 1709 N Jay Street

City State Zip Code  
Aberdeen SD 57401-1358

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

Name of Employer Occupation  
Aberdeen First Assem of God Pastor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : A-CF30953**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Jean Wilkinson**

Mailing Address PO Box 29

City State Zip Code  
De Smet SD 57231-0029

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31714**

Amount of Each Receipt this Period  
**500**

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

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

**700.00**

**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 91 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 19198 436th Avenue

City State Zip Code  
Bryant SD 57221-5417

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

Name of Employer Occupation  
Self-Employed Farming

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 18 / 2014**

**Transaction ID : A-CF31311**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Deborah Witte**

Mailing Address 5708 S Prairie View Court

City State Zip Code  
Sioux Falls SD 57108-2000

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 16 / 2014**

**Transaction ID : A-CF31271**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Rod Woodruff**

Mailing Address 20622 131st Avenue

City State Zip Code  
Sturgis SD 57785-6628

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

Name of Employer Occupation  
Self-Employed Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31286**

Amount of Each Receipt this Period  
**250**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 136
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald C. Yockey**

Mailing Address 902 Pebble Beach Drive

City State Zip Code  
Dakota Dunes SD 57049-5107

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

Name of Employer Occupation  
Beef Products, Inc. Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4700**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 11 / 2014**

**Transaction ID : A-CF31233**

Amount of Each Receipt this Period  
**2100**

**B.** Full Name (Last, First, Middle Initial)  
**Francis J. Zacher**

Mailing Address PO Box 70

City State Zip Code  
Eagle Butte SD 57625-0070

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : A-CF31573**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Tom Zimmer**

Mailing Address 4701 S Sundance Circle

City State Zip Code  
Sioux Falls SD 57105-6708

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : A-CF31287**

Amount of Each Receipt this Period  
**1000**

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

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

**3150.00**

**81805.00**

**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 93 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**3M Company PAC**

Mailing Address **3M Center**  
**Bldg. 224**

City **Saint Paul** State **MN** Zip Code **55144-1001**

FEC ID number of contributing federal political committee. **C C00084475**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **1750**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31677**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1500**

**B.** Full Name (Last, First, Middle Initial)  
**Alexion Pharmaceuticals Inc PAC**

Mailing Address **352 Knotter Drive**

City **Cheshire** State **CT** Zip Code **06410-1138**

FEC ID number of contributing federal political committee. **C C00471169**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A-CF31029**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000**

**C.** Full Name (Last, First, Middle Initial)  
**American Bankers Association PAC**

Mailing Address **1120 Connecticut Avenue NW**  
**Suite 600**

City **Washington** State **DC** Zip Code **20036-3971**

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **7000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A-CF31030**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000**

**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: (check only one)	PAGE 94 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Bankers Association PAC**

Mailing Address 1120 Connecticut Avenue NW  
Suite 600

City Washington State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : A-CF31678**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**American College of Surgeons Professional Association PAC**

Mailing Address 20 F Street NW  
Suite 1000

City Washington State DC Zip Code 20001-6701

FEC ID number of contributing federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : A-CF31715**

Amount of Each Receipt this Period  
2500

**C.** Full Name (Last, First, Middle Initial)  
**American Society Of Association Executives PAC**

Mailing Address 1575 I Street NW

City Washington State DC Zip Code 20005-1105

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31206**

Amount of Each Receipt this Period  
1000

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

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

4500.00

**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 95 OF 136
<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Soybean Association PAC**

Mailing Address 12125 Wodcrst Exe Drive  
Suite 100

City Saint Louis State MO Zip Code 63141-5009

FEC ID number of contributing federal political committee. **C C00408468**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7500**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 18 / 2014**

**Transaction ID : A-CF31347**

Amount of Each Receipt this Period  
**2500**

**B.** Full Name (Last, First, Middle Initial)  
**Archer Daniels Midland Company PAC**

Mailing Address PO Box 1470

City Decatur State IL Zip Code 62525-1820

FEC ID number of contributing federal political committee. **C C00093963**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : A-CF31012**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Bank of America Corporation Federal PAC**

Mailing Address 1455 Pennsylvania Avenue NW  
Suite 950

City Washington State DC Zip Code 20004-1043

FEC ID number of contributing federal political committee. **C C00364778**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : A-CF31207**

Amount of Each Receipt this Period  
**2000**

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

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

**5500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 136
	<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)  
**Kristi for Congress**

**A. Capital One Financial Corp. Assoc. Political Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address 1680 Capital One Drive  
Attn 19050-120

City McLean State VA Zip Code 22102-3407

FEC ID number of contributing federal political committee. **C C00326595**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31190**

Amount of Each Receipt this Period  
 2500

**B. Citigroup Inc. PAC - Federal**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 Pennsylvania Avenue NW  
Suite 1000

City Washington State DC Zip Code 20004-2524

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : A-CF30996**

Amount of Each Receipt this Period  
 2000

**C. Citigroup Inc. PAC - Federal**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 Pennsylvania Avenue NW  
Suite 1000

City Washington State DC Zip Code 20004-2524

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31191**

Amount of Each Receipt this Period  
 1000

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Citigroup Inc. PAC - Federal**

Mailing Address 1101 Pennsylvania Avenue NW  
Suite 1000

City Washington State DC Zip Code 20004-2524

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : A-CF31192**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**CME Group Inc. PAC**

Mailing Address 20 S Wacker Drive

City Chicago State IL Zip Code 60606-7431

FEC ID number of contributing federal political committee. **C C00076299**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31679**

Amount of Each Receipt this Period  
**2500**

**C.** Full Name (Last, First, Middle Initial)  
**Comcast Corporation PAC**

Mailing Address 1701 John F Kennedy Boulevard

City Philadelphia State PA Zip Code 19103-2833

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : A-CF31208**

Amount of Each Receipt this Period  
**1000**

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

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

**4500.00**

**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 98 OF 136	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A. Committee On Letter Carriers Political Education**

Full Name (Last, First, Middle Initial)  
Committee On Letter Carriers Political Education

Mailing Address 100 Indiana Avenue NW

City Washington State DC Zip Code 20001-2144

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : A-CF30945**

Amount of Each Receipt this Period  
 1000

**B. Deloitte Federal PAC**

Full Name (Last, First, Middle Initial)  
Deloitte Federal PAC

Mailing Address PO Box 365

City Washington State DC Zip Code 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31193**

Amount of Each Receipt this Period  
 1000

**C. Duke Energy Corporation PAC**

Full Name (Last, First, Middle Initial)  
Duke Energy Corporation PAC

Mailing Address 550 S Tryon Street

City Charlotte State NC Zip Code 28202-4200

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31185**

Amount of Each Receipt this Period  
 1000

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

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

3000.00

**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 99 OF 136
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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Electrical Contractors PAC**

Mailing Address 3 Bethesda Metro Center  
Suite 1100

City State Zip Code  
Bethesda MD 20814-6302

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2014

**Transaction ID : A-CF31186**

Amount of Each Receipt this Period  
2500

**B.** Full Name (Last, First, Middle Initial)  
**Ernst & Young PAC**

Mailing Address 1101 New York Avenue NW

City State Zip Code  
Washington DC 20005-4269

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2014

**Transaction ID : A-CF31187**

Amount of Each Receipt this Period  
5000

**C.** Full Name (Last, First, Middle Initial)  
**Exxon Mobil PAC**

Mailing Address 5959 Las Colinas Boulevard

City State Zip Code  
Irving TX 75039-4202

FEC ID number of contributing federal political committee. **C** C00095406

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2014

**Transaction ID : A-CF31194**

Amount of Each Receipt this Period  
3000

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

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

10500.00

**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 100 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Federal Bipartisan Voluntary Public Affairs Committee of The PNC Financial Services Group

Mailing Address 249 5th Avenue  
Floor 21

City Pittsburgh State PA Zip Code 15222-2707

FEC ID number of contributing federal political committee. **C** C00186064

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : A-CF31349**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
FMR LLC PAC - Federal

Mailing Address 82 Devonshire Street  
# N5A

City Boston State MA Zip Code 02109-3605

FEC ID number of contributing federal political committee. **C** C00380550

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31188**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
General Electric Company PAC

Mailing Address 1299 Pennsylvania Avenue NW  
Suite 900W

City Washington State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31195**

Amount of Each Receipt this Period  
1000

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

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

3000.00

**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 101 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Growth Energy PAC**

Mailing Address 777 N Capitol Street NE  
Suite 805

City Washington State DC Zip Code 20002-4294

FEC ID number of contributing federal political committee. **C C00475665**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : A-CF31716**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Heating Air-Conditioning & Refrigeration Distributors Intl PAC**

Mailing Address 3455 Mill Run Drive  
Suite 820

City Hilliard State OH Zip Code 43026-7578

FEC ID number of contributing federal political committee. **C C00552323**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : A-CF31680**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Home Depot Inc. PAC**

Mailing Address 101 Constitution Avenue NW  
Suite 800

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31199**

Amount of Each Receipt this Period  
2500

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

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

4500.00

**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 102 OF 136
	<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)  
**Kristi for Congress**

**A. Home Depot Inc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue NW  
 Suite 800  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C C00284885**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 7500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2014  
**Transaction ID : A-CF31200**  
 Amount of Each Receipt this Period  
 2500

**B. Investment Company Institute PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 H Street NW  
 Suite 1200  
 City Washington State DC Zip Code 20005-2110  
 FEC ID number of contributing federal political committee. **C C00105981**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 4000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2014  
**Transaction ID : A-CF30999**  
 Amount of Each Receipt this Period  
 1000

**C. Iowans For Latham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 8237  
 City Des Moines State IA Zip Code 50301-8237  
 FEC ID number of contributing federal political committee. **C C00287045**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2014  
**Transaction ID : A-CF31028**  
 Amount of Each Receipt this Period  
 2000

**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 103 OF 136  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ITC Holdings Corp. PAC**

Mailing Address 201 Townsend Street  
Suite 900

City State Zip Code  
Lansing MI 48933-1529

FEC ID number of contributing federal political committee. **C** C00388462

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : A-CF31031**

Amount of Each Receipt this Period  
1500

**B.** Full Name (Last, First, Middle Initial)  
**Lowe's Companies, Inc. PAC**

Mailing Address 1000 Lowes Boulevard

City State Zip Code  
 Mooresville NC 28117-8520

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31196**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Mark Johnston for District 12 Senate**

Mailing Address 3909 W 90th Street

City State Zip Code  
 Sioux Falls SD 57108-6344

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : A-CF31097**

Amount of Each Receipt this Period  
250

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

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

2750.00

**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 104 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mason Contractors Association of America PAC**

Mailing Address 1481 Merchant Drive

City Algonquin State IL Zip Code 60102-5917

FEC ID number of contributing federal political committee. **C** C00291799

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : A-CF31348**

Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**Morgan Stanley PAC**

Mailing Address 1585 Broadway  
Floor 39

City New York State NY Zip Code 10036-8200

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : A-CF31000**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**National Association of Chain Drug Stores PAC**

Mailing Address 1776 Wilson Boulevard  
Suite 200

City Arlington State VA Zip Code 22209-2516

FEC ID number of contributing federal political committee. **C** C00022368

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : A-CF31681**

Amount of Each Receipt this Period  
 1000

**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 105 OF 136
	<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)  
**Kristi for Congress**

**A. National Association Of Convenience Stores PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1600 Duke Street

City Alexandria State VA Zip Code 22314-3466

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31230**

Amount of Each Receipt this Period  
 5000

**B. National Association of Realtors PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31231**

Amount of Each Receipt this Period  
 1000

**C. National Association of Realtors PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : A-CF31728**

Amount of Each Receipt this Period  
 1000

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 136
	<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)  
**Kristi for Congress**

**A. National Court Reporters Association PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 8224 Old Courthouse Road

City Vienna State VA Zip Code 22182-3808

FEC ID number of contributing federal political committee. **C** C00146506

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : A-CF31682**

Amount of Each Receipt this Period  
 500

**B. National Grain And Feed Association's Fund For Better Government Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 1250 I Street NW Suite 1003

City Washington State DC Zip Code 20005-3939

FEC ID number of contributing federal political committee. **C** C00240226

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31197**

Amount of Each Receipt this Period  
 1000

**C. National Rural Letter Carriers Association PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1630 Duke Street Floor 2

City Alexandria State VA Zip Code 22314-3467

FEC ID number of contributing federal political committee. **C** C00072025

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31198**

Amount of Each Receipt this Period  
 1000

**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 107 OF 136
	<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)  
**Kristi for Congress**

**A. National Stone, Sand & Gravel Association ROCKPAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1605 King Street

City Alexandria State VA Zip Code 22314-2726

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : A-CF31702**

Amount of Each Receipt this Period  
 1000

**B. New York Life Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 51 Madison Avenue  
Room 1109

City New York State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : A-CF31683**

Amount of Each Receipt this Period  
 1000

**C. Oldcastle Materials Inc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 101 Constitution Avenue NW  
Suite 600W

City Washington State DC Zip Code 20001-2147

FEC ID number of contributing federal political committee. **C C00346353**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : A-CF31189**

Amount of Each Receipt this Period  
 1000

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

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

3000.00

**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 108 OF 136
	<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)  
**Kristi for Congress**

**A. Oshkosh Corporation Employees PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2566  
 City Oshkosh State WI Zip Code 54903-2566  
 FEC ID number of contributing federal political committee. **C C00304477**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A-CF31032**  
 Amount of Each Receipt this Period  
 2500

**B. PAC Of The American Association Of Orthopaedic Surgeons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 317 Massachusetts Avenue NE  
 Floor 1  
 City Washington State DC Zip Code 20002-5769  
 FEC ID number of contributing federal political committee. **C C00343137**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2014  
**Transaction ID : A-CF31509**  
 Amount of Each Receipt this Period  
 5000

**C. Printing Industries of America PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 13th Street NW  
 Suite 350  
 City Washington State DC Zip Code 20005-3807  
 FEC ID number of contributing federal political committee. **C C00018028**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : A-CF31684**  
 Amount of Each Receipt this Period  
 1000

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

8500.00

**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 109 OF 136
	<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)  
**Kristi for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**Raytheon Company PAC**

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City Arlington State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31703**

Amount of Each Receipt this Period  
**1500**

**B. Full Name (Last, First, Middle Initial)**  
**Real Estate Roundtable PAC**

Mailing Address 801 Pennsylvania Avenue NW  
Suite 720

City Washington State DC Zip Code 20004-2686

FEC ID number of contributing federal political committee. **C C00033779**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31685**

Amount of Each Receipt this Period  
**2500**

**C. Full Name (Last, First, Middle Initial)**  
**The Goldman Sachs Group, Inc. PAC**

Mailing Address 101 Constitution Avenue NW  
Suite 1000E

City Washington State DC Zip Code 20001-2171

FEC ID number of contributing federal political committee. **C C00350744**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 18 / 2014**

**Transaction ID : A-CF31350**

Amount of Each Receipt this Period  
**2000**

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

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

**6000.00**

**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 110 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tyson Foods Inc PAC**

Mailing Address **PO Box 2020**

City **Springdale** State **AR** Zip Code **72765-2020**

FEC ID number of contributing federal political committee. **C C00169821**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : A-CF31013**

Amount of Each Receipt this Period  
**2000**

**B.** Full Name (Last, First, Middle Initial)  
**USBancorp Inc PAC**

Mailing Address **216 Franklin Street**

City **Johnstown** State **PA** Zip Code **15901-1911**

FEC ID number of contributing federal political committee. **C C00320002**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : A-CF31686**

Amount of Each Receipt this Period  
**2000**

**C.** Full Name (Last, First, Middle Initial)  
**Wal-Mart Stores Inc. PAC For Responsible Government**

Mailing Address **702 SW 8th Street**

City **Bentonville** State **AR** Zip Code **72716-6209**

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A-CF31033**

Amount of Each Receipt this Period  
**2000**

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

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

**6000.00**

**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 111 OF 136
	<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)  
**Kristi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Whiting Petroleum Corporation PAC**

Mailing Address 1700 Broadway  
Suite 2300

City State Zip Code  
Denver CO 80290-1703

FEC ID number of contributing federal political committee. **C** C00481192

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

**Transaction ID : A-CF31001**

Amount of Each Receipt this Period  
500

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

88750.00

**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 112 OF 136
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

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

Mailing Address 2500 S Minnesota Avenue

City: Sioux Falls      State: SD      Zip Code: 57105-4729

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: **05 / 30 / 2014**

**Transaction ID : A-MF31162**

Amount of Each Receipt this Period: **126.14**

Interest Income

**B.** Full Name (Last, First, Middle Initial)  
**Meta Bank**

Mailing Address 2500 S Minnesota Avenue

City: Sioux Falls      State: SD      Zip Code: 57105-4729

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: **06 / 30 / 2014**

**Transaction ID : A-MF31617**

Amount of Each Receipt this Period: **138.37**

Interest Income

**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

Amount of Each Receipt this Period

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

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

**264.51**

**264.51**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 136	
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 05 / 2014</b>
Mailing Address <b>PO Box 1270</b>		Amount of Each Disbursement this Period <b>9.7</b>
City <b>Newark</b>	State <b>NJ</b>	Zip Code <b>07101-1270</b>
Purpose of Disbursement <b>Credit Card Merchant Fee</b>		Category/ Type <b>001</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

**Transaction ID : B-E-31211**

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 31 / 2014</b>
Mailing Address <b>5555 Hilton Avenue Suite 106</b>		Amount of Each Disbursement this Period <b>98.51</b>
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70808-2597</b>
Purpose of Disbursement <b>Credit Card Merchant Fees</b>		Category/ Type <b>001</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

**Transaction ID : B-E-31163**

Full Name (Last, First, Middle Initial) <b>c. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 30 / 2014</b>
Mailing Address <b>5555 Hilton Avenue Suite 106</b>		Amount of Each Disbursement this Period <b>49.15</b>
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70808-2597</b>
Purpose of Disbursement <b>Credit Card Merchant Fees</b>		Category/ Type <b>001</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

**Transaction ID : B-E-31675**

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>157.36</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 136			
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650 <b>Transaction ID : B-E-31213</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Compliance Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Beadle County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 1260 McDonald Drive		Amount of Each Disbursement this Period 150 <b>Transaction ID : B-E-30993</b>
City Huron State SD Zip Code 57350-3521	Purpose of Disbursement Advertising/Event Tickets Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 815.05 <b>Transaction ID : B-E-30970</b>
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food/Beverage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1615.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 136	
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 415.57
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Food/Beverage	Transaction ID : B-E-31312
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Card Center</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address PO Box 740846		Amount of Each Disbursement this Period 2178.61
City Cincinnati	State OH	
Zip Code 45274-0846	Purpose of Disbursement Credit Card Payment	Transaction ID : B-E-31046
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Mobility</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 365.65
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Phone Service	Transaction ID : B-S-443
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(06/04/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2594.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 136			
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Minervas</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 2111 N Lacrosse Street		Amount of Each Disbursement this Period 329.16
City Rapid City	State SD	
Zip Code 57701-7858	Purpose of Disbursement Food/Beverage	Transaction ID : B-S-450
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(06/04/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lewis Drug</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 500 W 41st Street		Amount of Each Disbursement this Period 204.55
City Sioux Falls	State SD	
Zip Code 57105-6402	Purpose of Disbursement Food/Beverage	Transaction ID : B-S-449
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(06/04/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The UPS Store</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 55 Glenlake Parkway NE		Amount of Each Disbursement this Period 116.1
City Atlanta	State GA	
Zip Code 30328-3474	Purpose of Disbursement Delivery	Transaction ID : B-S-454
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(06/04/14)
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 136			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 320 S 2nd Avenue		Amount of Each Disbursement this Period 659.57
City Sioux Falls	State SD	
Zip Code 57104-7500	Purpose of Disbursement Postage	Transaction ID : B-S-455
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(06/04/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Boot Barn</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 2805 W 41st Street		Amount of Each Disbursement this Period 84.78
City Sioux Falls	State SD	
Zip Code 57105-4255	Purpose of Disbursement Silent Auction Items	Transaction ID : B-S-445
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(06/04/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 942 S Shady Grove Road		Amount of Each Disbursement this Period 169.72
City Memphis	State TN	
Zip Code 38120-4117	Purpose of Disbursement Delivery	Transaction ID : B-S-446
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(06/04/14)
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 136	
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial)  
**A. House of Representatives Gift Shop**

Mailing Address **B-218 Longworth House Office**

City **Washington** State **DC** Zip Code **20004**

Purpose of Disbursement  
**Silent Auction Items**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2014**  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**06 / 04 / 2014**

Amount of Each Disbursement this Period  
**22.4**

Transaction ID : **B-S-447**

**[MEMO ITEM]**  
Subitemization of Card Center(06/04/14)

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

Mailing Address **500 Staples Drive**

City **Framingham** State **MA** Zip Code **01702-4478**

Purpose of Disbursement  
**Office Supplies**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2014**  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**06 / 04 / 2014**

Amount of Each Disbursement this Period  
**71.34**

Transaction ID : **B-S-452**

**[MEMO ITEM]**  
Subitemization of Card Center(06/04/14)

Full Name (Last, First, Middle Initial)  
**c. Dynamic Services LLC**

Mailing Address **300 N Dakota Avenue  
Suite 212**

City **Sioux Falls** State **SD** Zip Code **57104-6023**

Purpose of Disbursement  
**Rent**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2014**  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**06 / 04 / 2014**

Amount of Each Disbursement this Period  
**1220**

Transaction ID : **B-E-31036**

**SUBTOTAL** of Disbursements This Page (optional)..... **1220.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 136			
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Heavy Hue Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 7301 Burnet Road Suite 102-211		Amount of Each Disbursement this Period 250 <b>Transaction ID : B-E-30991</b>
City Austin State TX Zip Code 78757-2250	Purpose of Disbursement Database Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Majority Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 135 Professional Drive Suite 104		Amount of Each Disbursement this Period 1950 <b>Transaction ID : B-E-30901</b>
City Ponte Vedra Beach State FL Zip Code 32082-6277	Purpose of Disbursement Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Meta Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 2500 S Minnesota Avenue		Amount of Each Disbursement this Period 385 <b>Transaction ID : B-E-31154</b>
City Sioux Falls State SD Zip Code 57105-4729	Purpose of Disbursement Bank Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2585.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 136		
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Meta Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2500 S Minnesota Avenue		Amount of Each Disbursement this Period 385 <b>Transaction ID : B-E-31615</b>
City Sioux Falls	State SD	
Zip Code 57105-4729	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Midcontinent Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address PO Box 5010		Amount of Each Disbursement this Period 34.17 <b>Transaction ID : B-E-31034</b>
City Sioux Falls	State SD	
Zip Code 57117-5010	Purpose of Disbursement Phone Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mini Stor All</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2014
Mailing Address 501 E 41st Street		Amount of Each Disbursement this Period 62 <b>Transaction ID : B-E-31152</b>
City Sioux Falls	State SD	
Zip Code 57105-5931	Purpose of Disbursement Storage Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	481.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 136			
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Minuteman Press/Southgate</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 21 / 2014</b>
Mailing Address <b>2302 Alexandria Pike</b>		Amount of Each Disbursement this Period <b>240.54</b> <b>Transaction ID : B-E-30963</b>
City <b>Southgate</b> State <b>KY</b> Zip Code <b>41071-3234</b>	Purpose of Disbursement <b>Printing</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paycor</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2014</b>
Mailing Address <b>644 Linn Street Suite 200</b>		Amount of Each Disbursement this Period <b>739</b> <b>Transaction ID : B-E-30966</b>
City <b>Cincinnati</b> State <b>OH</b> Zip Code <b>45203-1734</b>	Purpose of Disbursement <b>Payroll Taxes</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paycor</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 19 / 2014</b>
Mailing Address <b>644 Linn Street Suite 200</b>		Amount of Each Disbursement this Period <b>62.38</b> <b>Transaction ID : B-E-30967</b>
City <b>Cincinnati</b> State <b>OH</b> Zip Code <b>45203-1734</b>	Purpose of Disbursement <b>Payroll Service</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1041.92</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 136	
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paycor</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 800.27
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Taxes	Category/Type 001	<b>Transaction ID : B-E-31225</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paycor</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 66.25
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Service	Category/Type 001	<b>Transaction ID : B-E-31226</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paycor</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 1629.35
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Taxes	Category/Type 001	<b>Transaction ID : B-E-31240</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2495.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 136	
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Paycor</b>		M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period
City Cincinnati	State OH	Zip Code 45203-1734
Purpose of Disbursement Payroll Service	001	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
		Transaction ID : B-E-31241

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Pennington County Republican Party</b>		M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address PO Box 1306		Amount of Each Disbursement this Period
City Rapid City	State SD	Zip Code 57709-1306
Purpose of Disbursement Advertising/Event Tickets	001	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
		Transaction ID : B-E-30810

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Pinnacle List Company</b>		M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 2800 S Shirlington Road Suite 970		Amount of Each Disbursement this Period
City Arlington	State VA	Zip Code 22206-3613
Purpose of Disbursement List Rental	001	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
		Transaction ID : B-E-31224

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2480.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 136			
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period ..... 29
City San Francisco	State CA	
Zip Code 94105-3718	Purpose of Disbursement Credit Card Merchant Fee	<b>Transaction ID : B-E-31246</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sisson Printing, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 3500 S Duluth Avenue		Amount of Each Disbursement this Period ..... 485.22
City Sioux Falls	State SD	
Zip Code 57105-6416	Purpose of Disbursement Printing	<b>Transaction ID : B-E-31232</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. State Farm</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 4309 S Louise Avenue		Amount of Each Disbursement this Period ..... 68.33
City Sioux Falls	State SD	
Zip Code 57106-2214	Purpose of Disbursement Insurance	<b>Transaction ID : B-E-31212</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	..... 582.55
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 136			
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Printers, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 510 S 1st Avenue			Amount of Each Disbursement this Period 443.85 <b>Transaction ID : B-E-30809</b>
City Sioux Falls	State SD	Zip Code 57104-6902	
Purpose of Disbursement Printing	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. The Printers, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 510 S 1st Avenue			Amount of Each Disbursement this Period 245.82 <b>Transaction ID : B-E-31044</b>
City Sioux Falls	State SD	Zip Code 57104-6902	
Purpose of Disbursement Printing	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. The Printers, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 510 S 1st Avenue			Amount of Each Disbursement this Period 129 <b>Transaction ID : B-E-31167</b>
City Sioux Falls	State SD	Zip Code 57104-6902	
Purpose of Disbursement Printing	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	818.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 136	
	<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)  
**Kristi for Congress**

**A. Transfirst**

Full Name (Last, First, Middle Initial)  
Mailing Address 1393 Veterans Highway

City Hauppauge State NY Zip Code 11788-3042

Purpose of Disbursement  
Credit Card Merchant Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 10 / 2014

Amount of Each Disbursement this Period  
160.64

Transaction ID : B-E-31245

Category/Type

**B. US Postal Service**

Full Name (Last, First, Middle Initial)  
Mailing Address 320 S 2nd Avenue

City Sioux Falls State SD Zip Code 57104-7500

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 09 / 2014

Amount of Each Disbursement this Period  
5143.76

Transaction ID : B-E-31223

Category/Type  
001

**c. Andrew Christianson**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101-0852

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 21 / 2014

Amount of Each Disbursement this Period  
403.05

Transaction ID : B-E-30992

Category/Type  
001

Original vendors exceeding reporting threshold itemized as memo transactions.

**SUBTOTAL** of Disbursements This Page (optional)..... 5707.45

**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 127 OF 136	
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Andrew Christianson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address PO Box 852		Amount of Each Disbursement this Period 58.05
City Sioux Falls	State SD	Zip Code 57101-0852
Purpose of Disbursement Mileage Reimbursement	Category/ Type 001	
Candidate Name		<b>Transaction ID : B-S-437</b>  <b>[MEMO ITEM]</b> Subitemization of Andrew Christianson(05/21/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Andrew Christianson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO Box 852		Amount of Each Disbursement this Period 1680.39
City Sioux Falls	State SD	Zip Code 57101-0852
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name		<b>Transaction ID : B-E-31242</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Ashley Flynn</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO Box 852		Amount of Each Disbursement this Period 2019.68
City Sioux Falls	State SD	Zip Code 57101-0852
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name		<b>Transaction ID : B-E-30968</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3700.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 136			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ashley Flynn</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address PO Box 852		Amount of Each Disbursement this Period 1718.49
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	<b>Transaction ID : B-E-31227</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ashley Flynn</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address PO Box 852		Amount of Each Disbursement this Period 216
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Mileage Reimbursement	<b>Transaction ID : B-E-31039</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ashley Flynn</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address PO Box 852		Amount of Each Disbursement this Period 216
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Mileage Reimbursement	<b>Transaction ID : B-S-438</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Ashley Flynn(06/04/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1934.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 136	
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ashley Flynn</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address PO Box 852		Amount of Each Disbursement this Period 1718.49 <b>Transaction ID : B-E-31243</b>
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Kassidy C. Noem</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2014
Mailing Address PO Box 852		Amount of Each Disbursement this Period 226.26 <b>Transaction ID : B-E-30969</b>
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Kristi Lynn Noem</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address PO Box 852		Amount of Each Disbursement this Period 10 <b>Transaction ID : B-E-31238</b>
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Parking Reimbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1954.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 136	
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wal-Mart</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014
Mailing Address 702 SW 8th Street		Amount of Each Disbursement this Period 48.69
City Bentonville	State AR	
Zip Code 72716-6209	Purpose of Disbursement Silent Auction Items	<b>Transaction ID : B-S-423</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of LaDonna Rodvold(05/21/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tyler Stenberg</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address PO Box 852		Amount of Each Disbursement this Period 868.59
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	<b>Transaction ID : B-E-31228</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tyler Stenberg</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address PO Box 852		Amount of Each Disbursement this Period 24.92
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Food/Towels/Glue Reimbursement	<b>Transaction ID : B-E-31045</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Original vendors exceeding reporting threshold itemized as memo transactions.</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	893.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 136			
	<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)  
**Kristi for Congress**

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

Mailing Address 500 Staples Drive

City Framingham State MA Zip Code 01702-4478

Purpose of Disbursement Towels/Glue 001 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 06 / 04 / 2014

Amount of Each Disbursement this Period 18.52

**Transaction ID : B-S-440**

**[MEMO ITEM]**  
Subitemization of Tyler Stenberg(06/04/14)

Full Name (Last, First, Middle Initial)  
**B. Hy-Vee, Inc.**

Mailing Address 5820 Westown Parkway

City West Des Moines State IA Zip Code 50266-8223

Purpose of Disbursement Food/Beverage 001 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 06 / 04 / 2014

Amount of Each Disbursement this Period 6.4

**Transaction ID : B-S-439**

**[MEMO ITEM]**  
Subitemization of Tyler Stenberg(06/04/14)

Full Name (Last, First, Middle Initial)  
**c. Tyler Stenberg**

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101-0852

Purpose of Disbursement Payroll 001 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 06 / 16 / 2014

Amount of Each Disbursement this Period 1024.53

**Transaction ID : B-E-31244**

**SUBTOTAL** of Disbursements This Page (optional)..... 1024.53

**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 132 OF 136	
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tyler Stenberg</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address PO Box 852		Amount of Each Disbursement this Period 72.19
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Postage/Food/Rope/Buckets/Containers Reimbursement	<b>Transaction ID : B-E-31166</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 320 S 2nd Avenue		Amount of Each Disbursement this Period 16.95
City Sioux Falls	State SD	
Zip Code 57104-7500	Purpose of Disbursement Postage	<b>Transaction ID : B-S-458</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Tyler Stenberg(06/19/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hy-Vee, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 5820 Westown Parkway		Amount of Each Disbursement this Period 10.69
City West Des Moines	State IA	
Zip Code 50266-8223	Purpose of Disbursement Food/Beverage	<b>Transaction ID : B-S-459</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Tyler Stenberg(06/19/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	72.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 136	
	<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)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rick Vallery</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address PO Box 448		Amount of Each Disbursement this Period 149.65
City Fort Pierre	State SD	
Zip Code 57532-0448	Purpose of Disbursement Travel Reimbursement	<b>Transaction ID : B-E-30805</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brule-Lyman Lincoln Day Dinner</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 208 Lakeview Avenue		Amount of Each Disbursement this Period 70
City Chamberlain	State SD	
Zip Code 57325-1622	Purpose of Disbursement Event Tickets	<b>Transaction ID : B-S-395</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Rick Vallery(05/21/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Rick Vallery</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address PO Box 448		Amount of Each Disbursement this Period 79.65
City Fort Pierre	State SD	
Zip Code 57532-0448	Purpose of Disbursement Mileage Reimbursement	<b>Transaction ID : B-S-394</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Rick Vallery(05/21/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	149.65
<b>TOTAL</b> This Period (last page this line number only).....	31508.84

# 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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stanley Emerson Schmidt</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 22 / 2014</b>
Mailing Address <b>3214 W Zephyr Place Unit 1</b>		Amount of Each Disbursement this Period <b>25</b>
City <b>Sioux Falls</b> State <b>SD</b> Zip Code <b>57108-5010</b>	Category/ Type <b>010</b>	
Purpose of Disbursement <b>Contribution Refund</b>		Transaction ID : <b>B-E-31161</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:    District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>25.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>25.00</b>

**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 135 OF 136	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Republican Congressional Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 30 / 2014</b>
Mailing Address <b>320 1st Street SE</b>		Amount of Each Disbursement this Period <b>20000</b> Transaction ID : <b>B-E-31048</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20003-1838</b>	Purpose of Disbursement <b>Political Contribution</b>	Category/ Type <b>011</b>
Candidate Name <b>National Republican Congressional Committee</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 24 / 2014</b>
Mailing Address <b>320 1st Street SE</b>		Amount of Each Disbursement this Period <b>20000</b> Transaction ID : <b>B-E-31371</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20003-1838</b>	Purpose of Disbursement <b>Political Contribution</b>	Category/ Type <b>011</b>
Candidate Name <b>National Republican Congressional Committee</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. South Dakota Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 05 / 2014</b>
Mailing Address <b>PO Box 1099</b>		Amount of Each Disbursement this Period <b>17500</b> Transaction ID : <b>B-E-31165</b>
City <b>Pierre</b>	State <b>SD</b>	
Zip Code <b>57501-1099</b>	Purpose of Disbursement <b>Political Contribution</b>	Category/ Type <b>011</b>
Candidate Name <b>South Dakota Republican Party</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>57500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 136			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Kristi for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Young Survival Coalition (YSC)</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 18 / 2014</b>
Mailing Address <b>80 Broad Street Suite 1700</b>			Amount of Each Disbursement this Period <b>500</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10004-2243</b>	
Purpose of Disbursement <b>Charitable Donation</b>		Candidate Name	<b>012</b> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <b>2014</b>		<b>Transaction ID : B-E-31290</b>	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>58000.00</b>