

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Friends of Stewart Mills, Inc.

ADDRESS (number and street) PO Box 1039
 Check if different than previously reported. (ACC) Brainerd MN 56401

2. **FEC IDENTIFICATION NUMBER** C C00546739 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 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 through M M / D D / Y Y Y Y
07 / 01 / 2014 through 07 / 23 / 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 Diane Johnson

Signature of Treasurer Diane Johnson *[Electronically Filed]* Date M M / D D / Y Y Y Y
07 / 31 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Stewart Mills, Inc.

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 07 / 23 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	35093.00	1024400.95
(b) Total Contribution Refunds (from Line 20(d))	0.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	35093.00	1024200.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	153579.89	860054.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	200.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	153579.89	859854.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	356617.98	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	167730.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Stewart Mills, Inc.

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15740.00	605228.72
(ii) Unitemized.....	8403.00	224922.23
(iii) TOTAL of contributions from individuals ▶	24143.00	830150.95
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	10950.00	189250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	35093.00	1024400.95
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	25004.86
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	46000.00	167730.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	46000.00	167730.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	200.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	1036.69
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	81093.00	1218372.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	153579.89	860054.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	200.00
21. OTHER DISBURSEMENTS	0.00	1500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	153579.89	861754.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	429104.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	81093.00
25. SUBTOTAL (add Line 23 and Line 24).....	510197.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	153579.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	356617.98

**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 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

Mailing Address 3054 GORDON DR

City NAPLES State FL Zip Code 34102-7861

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 22 / 2014

Transaction ID : SA11.6285

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

Mailing Address 3054 GORDON DR

City NAPLES State FL Zip Code 34102-7861

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 22 / 2014

Transaction ID : SA11.6287

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

Mailing Address 15281 GARRETT LN

City BRAINERD State MN Zip Code 56401-8568

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

Name of Employer COLONIAL LIFE Occupation DISTRICT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11.6349

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

5300.00

**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 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
MICHAEL BARRY

Mailing Address 2020 DWIGHT LANE

City State Zip Code
MINNETONKA MN 55305-2518

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

Name of Employer Occupation
TWIN CITY FAN COMPANIES PRESIDENT/ COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11.6248

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 6667 WEST OLD SHAKOPEE ROAD

City State Zip Code
BLOOMINGTON MN 55438-2622

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

Name of Employer Occupation
VEXILAR INC. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11.6074

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. H.T. (TOM) BECKEN

Mailing Address 11860 - 21ST ST N

City State Zip Code
LAKE ELMO MN 55042-9634

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

Name of Employer Occupation
GEMSTONE CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11.6319

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. RICKY C. BORDEN

Mailing Address 11282 EMERSON AVE NW

City State Zip Code
MAPLE LAKE MN 55358-3514

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

Name of Employer Occupation
CLIFTON LARSON ALLEN LLP CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2014

Transaction ID : SA11.6290

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address 18000 - 26TH AVE N

City State Zip Code
PLYMOUTH MN 55447-1615

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

Name of Employer Occupation
LOCKTON INC BUSINESS DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11.6202

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address P.O. BOX 21440

City State Zip Code
LITTLE ROCK AR 72221-1440

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

Name of Employer Occupation
MOUNTAIRE CORP OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11.6249

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

2950.00

**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 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
THOMAS DICK

Mailing Address 12123 SCENIC RIVER DR

City BAXTER State MN Zip Code 56425-8408

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

Name of Employer C & L DISTRIBUTING Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11.6201

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RODNEY ERDMAN

Mailing Address 1603 S 14TH ST.

City PRINCETON State MN Zip Code 55371-2320

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11.6392

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

Mailing Address 1605 - 7TH ST

City WHITE BEAR LAKE State MN Zip Code 55110-2903

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

Name of Employer SELF EMPLOYED Occupation TREE CUTTER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **220.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11.6331

Amount of Each Receipt this Period
25.00
 CONTRIBUTION

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

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

175.00

**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 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
CHESTER A. JONES

Mailing Address 1985 COUNTY 55 NE

City REMER State MN Zip Code 56672-3114

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **255.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 09 / 2014

Transaction ID : SA11.6186

Amount of Each Receipt this Period
60.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVE KOCH

Mailing Address 4200 DAHLBERG DR

City MINNEAPOLIS State MN Zip Code 55422-4840

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

Name of Employer OWNER Occupation STAN KOCH & SONS TRUCKING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11.6390

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address 57565 COUNTY RD 29

City NORTHOME State MN Zip Code 56661-1932

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

Name of Employer USNAVY Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 22 / 2014

Transaction ID : SA11.6380

Amount of Each Receipt this Period
25.00
 CONTRIBUTION

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 10 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
TED LOVDAHL

Mailing Address **34486 COUNTY RD 40**

City **EFFIE** State **MN** Zip Code **56639-6174**

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 **250.00**

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

Transaction ID : SA11.6218

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRIAN MAKI

Mailing Address **610 HOVLAND LANE**

City **DULUTH** State **MN** Zip Code **55811-**

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

Name of Employer **LAKEHEAD CONSTRUCTORS** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11.6397

Amount of Each Receipt this Period
600.00
 CONTRIBUTION

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

Mailing Address **610 HOVLAND LANE**

City **DULUTH** State **MN** Zip Code **55811-**

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

Name of Employer **LAKEHEAD CONSTRUCTORS** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11.6397_B

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

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

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

1250.00

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

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

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

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

Mailing Address **510 RIVERDALE DRIVE NE**

City **WARROAD** State **MN** Zip Code **56768-**

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

Name of Employer **THE MARVIN COMPANIES** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11.6399

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PATTI L. MCFARLAND

Mailing Address **P.O. BOX 563**

City **BRAINERD** State **MN** Zip Code **56401-0563**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 22 / 2014

Transaction ID : SA11.6272

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

Mailing Address **4404 BOXWOOD ST**

City **MYRTLE BEACH** State **SC** Zip Code **29577-2620**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11.6224

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

800.00

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

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

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

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

Mailing Address 10166 BIRCH GROVE ROAD

City EAST GULL LAKE State MN Zip Code 56401-3173

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

Name of Employer MILLS FLEET FARM Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 22 / 2014

Transaction ID : SA11.6276

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DONALD MOLINE

Mailing Address 720 OLD HOWARD MILL RD

City DULUTH State MN Zip Code 55804-1727

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

Name of Employer MOLINE MACHINERY Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11.6333

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

Mailing Address 1119 S 8TH STREET

City BRAINERD State MN Zip Code 56401-4127

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
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11.6327

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

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

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

1150.00

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

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

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

A. Full Name (Last, First, Middle Initial)
RUTH QUIBERG

Mailing Address 1523 SUNSETVIEW ROAD

City EAST GULL LAKE State MN Zip Code 56401-3074

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11.5992

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRENT ROERING

Mailing Address 34510 CRANBERRY LANE

City COHASSET State MN Zip Code 55721-2223

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

Name of Employer **RAPID PROCESS EQUIPMENT** Occupation **BUSINESS OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11.6391

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address 480 FISH LAKE DR

City MORA State MN Zip Code 55051-7308

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11.6175

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

450.00

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

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

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

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

Mailing Address 13110 EAGLE CREEK LN

City DEERWOOD State MN Zip Code 56444-8337

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11.6326

Amount of Each Receipt this Period

 CONTRIBUTION

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

Mailing Address 10803 - 57TH AVE N

City PLYMOUTH State MN Zip Code 55442-1659

FEC ID number of contributing federal political committee.

Name of Employer ACCESSIBLE SYSTEMS LLC Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11.6193

Amount of Each Receipt this Period

 CONTRIBUTION

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

Mailing Address 3660 NORTHOME ROAD

City DEEPHAVEN State MN Zip Code 55391-3021

FEC ID number of contributing federal political committee.

Name of Employer ROAD MACHINERY & SUPPLIES CO. Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2014

Transaction ID : SA11.6231

Amount of Each Receipt this Period

 CONTRIBUTION

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

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

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

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

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

A. Full Name (Last, First, Middle Initial)
BRUCE SPANGLER

Mailing Address 5983 258TH STREET

City State Zip Code
WYOMING MN 55092-7323

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

Name of Employer Occupation
RTF CONSULTING, INC. MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11.6225

Amount of Each Receipt this Period
25.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PAUL SWIGER

Mailing Address 16516 FRANKLIN TRL APT 105

City State Zip Code
PRIOR LAKE MN 55372-9333

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

Name of Employer Occupation
MYSTIC LAKE CASINO SLOT TECH.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
220.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11.6357

Amount of Each Receipt this Period
20.00
CONTRIBUTION

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

Mailing Address 25117 NORWAY LANE

City State Zip Code
NISSWA MN 56468-2807

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

Name of Employer Occupation
VIKING LABEL & PKG., INC PRESIDENT/OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11.6223

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

295.00

**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 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. TODD R. YOTTER

Mailing Address 12611 COUNTY RD 118

City MERRIFIELD State MN Zip Code 56465-4465

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : SA11.6292

Amount of Each Receipt this Period
35.00

CONTRIBUTION

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 M / D 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 M / D 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).....

35.00

15740.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
HEARTDOCPAC

Mailing Address **PO BOX 628**

City **EVANSVILLE** State **IN** Zip Code **47704-0628**

FEC ID number of contributing federal political committee. **C C00523381**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11.6264

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address **PO BOX 10134**

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

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
07 / 21 / 2014

Transaction ID : SA11.6300

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NRA POLITICAL VICTORY FUND

Mailing Address **11250 WAPLES MILL ROAD**

City **FAIRFAX** State **VA** Zip Code **22030-7400**

FEC ID number of contributing federal political committee. **C C00053553**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SA11.6284

Amount of Each Receipt this Period
 4950.00
 CONTRIBUTION

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

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

10950.00

10950.00

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

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

FOR LINE NUMBER: PAGE 18 OF 36
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
MR. STEWART C. MILLS III

Mailing Address 22849 OLD GOVERNMENT TRL

City NISSWA State MN Zip Code 56468-2703

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

Name of Employer MILLS FLEET FARM Occupation VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 174567.54

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014

Transaction ID : SA11.6265

Amount of Each Receipt this Period
 46000.00

LOAN

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).....

46000.00

46000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. ASPECT CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 8401 EXCELSIOR DRIVE #103		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.I451
City MADISON State WI Zip Code 53717	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CLS SERVICES INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address N172 SOUTH PARK DRIVE		Amount of Each Disbursement this Period 7255.00 Transaction ID : SB17.I452
City APPLETON State WI Zip Code 54914	Purpose of Disbursement YARD SIGNS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 1593 SPRING HILL ROAD, SUITE 400		Amount of Each Disbursement this Period 758.10 Transaction ID : SB17.I453
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement DATABASE SOFTWARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10013.10
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 20 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. CONNECTIVIST MEDIA		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 544 E OGDEN AVE #700-161		Amount of Each Disbursement this Period 3768.37
City MILWAUKEE	State WI	
Zip Code 53202	Purpose of Disbursement ONLINE SERVICES	Transaction ID : SB17.I454
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CURTIS 1000 INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address BOX 88237		Amount of Each Disbursement this Period 265.00
City MILWAUKEE	State WI	
Zip Code 53288	Purpose of Disbursement PRINTING	Transaction ID : SB17.I455
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FLS CONNECT LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 7300 HUDSON BLVD, SUITE 270		Amount of Each Disbursement this Period 5219.45
City ST PAUL	State MN	
Zip Code 55128	Purpose of Disbursement TELEPHONE SOLICITATION	Transaction ID : SB17.I456
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9252.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. FLS CONNECT LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 7300 HUDSON BLVD, SUITE 270		Amount of Each Disbursement this Period 8604.60
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement TELEPHONE SOLICITATION	
Candidate Name	Category/Type	Transaction ID : SB17.I457
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. FP1 STRATEGIES LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address P.O. BOX 16504		Amount of Each Disbursement this Period 14008.75
City ALEXANDRIA State VA Zip Code 22301	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I458
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) C. ISTREAM		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 13555 BISHOPS COURT		Amount of Each Disbursement this Period 147.57
City BROOKFIELD State WI Zip Code 53005	Purpose of Disbursement CHECK PROCESSING FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I459
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:		

SUBTOTAL of Disbursements This Page (optional).....	22760.92
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 22 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. MILLS FLEET FARM		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address P.O. BOX 5055		Amount of Each Disbursement this Period 41.08
City BRAINERD	State MN	
Zip Code 56401	Purpose of Disbursement STAFFING	Transaction ID : SB17.I460
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MILLS FLEET FARM		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address P.O. BOX 5055		Amount of Each Disbursement this Period 450.00
City BRAINERD	State MN	
Zip Code 56401	Purpose of Disbursement OFFICE RENT	Transaction ID : SB17.I461
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 5821.50
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I462
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6312.58
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 23 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. JOHN N. ELORANTA			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 6485 KOSKI ROAD			Amount of Each Disbursement this Period 824.97	
City TOWER	State MN	Zip Code 55790	Transaction ID : SB17.I492 [MEMO ITEM]	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. MICHAEL A. LUKACH			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 4 BUNKER HILL ROAD			Amount of Each Disbursement this Period 2315.59	
City SHREWSBURY	State MA	Zip Code 01545	Transaction ID : SB17.I493 [MEMO ITEM]	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. CHLOE A. ROCKOW			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 811 GREEN BAY TRAIL			Amount of Each Disbursement this Period 1569.38	
City MYRTLE BEACH	State SC	Zip Code 29577	Transaction ID : SB17.I494 [MEMO ITEM]	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. ISAAC SCHULTZ			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 6871 APOLLO RD			Amount of Each Disbursement this Period 1111.56	
City SWANVILLE	State MN	Zip Code 56382	Transaction ID : SB17.I495	
Purpose of Disbursement PAYROLL		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. PAYCHEX			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014	
Mailing Address 375 BISHOPS WAY			Amount of Each Disbursement this Period 2857.93	
City BROOKFIELD	State WI	Zip Code 53005	Transaction ID : SB17.I463	
Purpose of Disbursement PAYROLL TAX		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. PAYCHEX			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014	
Mailing Address 375 BISHOPS WAY			Amount of Each Disbursement this Period 95.00	
City BROOKFIELD	State WI	Zip Code 53005	Transaction ID : SB17.I464	
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	2952.93
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 25 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 77.63
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I465
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 25.89
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I466
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 1.44
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I467
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	104.96
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 26 OF 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 48.89
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I468
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 5.75
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I469
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 65.27
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I470
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	119.91
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 27 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. PURCELL CONSULTING LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 2222 BLAISDELL AVENUE #204			Amount of Each Disbursement this Period 6000.00	
City MINNEAPOLIS	State MN	Zip Code 55404	Transaction ID : SB17.I471	
Purpose of Disbursement FUNDRAISING CONSULTING		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. RIGHT STRATEGIES LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 3176 SUMMIT SQUARE DRIVE #B-10			Amount of Each Disbursement this Period 10000.00	
City OAKTON	State VA	Zip Code 22124	Transaction ID : SB17.I472	
Purpose of Disbursement DATA CONSULTING		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) C. SCM ASSOCIATES INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014	
Mailing Address P.O. BOX 254			Amount of Each Disbursement this Period 9068.58	
City DUBLIN	State NH	Zip Code 03444	Transaction ID : SB17.I473	
Purpose of Disbursement DIRECT MAIL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	25068.58
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 28 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. SCM ASSOCIATES INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address P.O. BOX 254			Amount of Each Disbursement this Period 6891.00	
City DUBLIN	State NH	Zip Code 03444	Transaction ID : SB17.I474	
Purpose of Disbursement DIRECT MAIL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRATEGIC MEDIA SERVICES INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014	
Mailing Address 1911 NORTH FT MYER DRIVE #400			Amount of Each Disbursement this Period 40139.12	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SB17.I475	
Purpose of Disbursement MEDIA - TV		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) C. STRATEGIC MEDIA SERVICES INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014	
Mailing Address 1911 NORTH FT MYER DRIVE #400			Amount of Each Disbursement this Period 12268.48	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SB17.I476	
Purpose of Disbursement MEDIA - TV		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:				

SUBTOTAL of Disbursements This Page (optional).....	59298.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. THE TARRANCE GROUP			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 201 N UNION ST #410			Amount of Each Disbursement this Period 10735.00 Transaction ID : SB17.I477
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement POLLING		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. THE TOWNSEND GROUP			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 1006 PENDLETON STREET			Amount of Each Disbursement this Period 6201.69 Transaction ID : SB17.I478
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement FUNDRAISING CONSULTING		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. US BANK			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address P.O. BOX 790408			Amount of Each Disbursement this Period 664.35 Transaction ID : SB17.I479
City ST LOUIS	State MO	Zip Code 63179	
Purpose of Disbursement CREDIT CARD PAYMENT *SEE ITEMIZATION*		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	17601.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. DAYS INN ROCHESTER		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1ST AVENUE NW		Amount of Each Disbursement this Period 103.15
City ROCHESTER	State MN Zip Code 55901	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	Transaction ID : SB17.I486
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. DAYS INN ROCHESTER		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1ST AVENUE NW		Amount of Each Disbursement this Period 87.10
City ROCHESTER	State MN Zip Code 55901	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	Transaction ID : SB17.I487
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. DAYS INN ROCHESTER		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1ST AVENUE NW		Amount of Each Disbursement this Period 87.10
City ROCHESTER	State MN Zip Code 55901	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	Transaction ID : SB17.I488
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. FLS CONNECT LLC		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 7300 HUDSON BLVD, SUITE 270		Amount of Each Disbursement this Period 000,000.00 Transaction ID : SB17.I489
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement SOLICITATION EXPENSE	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 000,000.00 Transaction ID : SB17.I490
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 000,000.00 Transaction ID : SB17.I491
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. US BANK		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 94.45
City ST LOUIS	State MO	
Zip Code 63179	Category/ Type	Transaction ID : SB17.I480
Purpose of Disbursement BANK FEE		
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Category/ Type	
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) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	94.45
TOTAL This Period (last page this line number only).....	153579.89

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : KML1

Friends of Stewart Mills, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

STEWART C. MILLS III

Primary
 General
 Other (specify) ▼

Mailing Address

22849 OLD GOVERNMENT TRL

City

State

ZIP Code

NISSWA

MN

56468

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

38500.00

0.00

38500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

03

2014

12

31

2018

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

38500.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Friends of Stewart Mills, Inc.** Transaction ID : **KML2**

LOAN SOURCE Full Name (Last, First, Middle Initial) **STEWART C. MILLS III** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 22849 OLD GOVERNMENT TRL

City State ZIP Code
 NISSWA MN 56468

Original Amount of Loan 47230.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 47230.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 06 / D 16 / Y 2014 Date Due: M 12 / D 31 / Y 2018 Interest Rate: % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 47230.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : KML3**
Friends of Stewart Mills, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial) STEWART C. MILLS III	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 22849 OLD GOVERNMENT TRL		

City	State	ZIP Code
NISSWA	MN	56468

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
36000.00	0.00	36000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 29 / Y 2014	M 12 / D 31 / Y 2018	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	36000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Friends of Stewart Mills, Inc.** Transaction ID : **KML0729a**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. Stewart C. Mills III** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 22849 Old Government Trail

City State ZIP Code
 Nisswa MN 56468

Original Amount of Loan 46000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 46000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M 07 / D 22 / Y 2014	Date Due M 01 / D 01 / Y 2016	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	----------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	46000.00
TOTALS This Period (last page in this line only).....	167730.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.