

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 APR 21 AM 7:22

Office Use Only

FEC MAIL CENTER

12FE4M5

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

Friends for Perske

ADDRESS (number and street)

509 10th Street NE



Check if different than previously reported. (ACC)

Salt Lake

UT

84301

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00555029

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

UT

06

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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

UT

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

UT

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

Eric J. Malinen

Signature of Treasurer

Eric J. Malinen

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

*Friends for Perske*

Report Covering the Period:

From:

MM ' DD ' YYYY  
01 ' 01 ' 2014

To:

MM ' DD ' YYYY  
03 ' 31 ' 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)) ....

22,293.00

22,293.00

(b) Total Contribution Refunds  
(from Line 20(d)) .....

0.00

0.00

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

22,293.00

22,293.00

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

15,798.80

15,798.80

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

0.00

0.00

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

15,798.80

15,798.80

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

10,494.20

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) .....

5,561.77

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)

Page 3

Write or Type Committee Name

*Friends for Perske*

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2014

To:

MM / DD / YYYY  
03 / 31 / 2014

**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) .....

13,950.00

13,950.00

(ii) Unitemized .....

8,343.00

8,343.00

(iii) TOTAL of contributions from individuals .....

22,293.00

22,293.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees (such as PACs) .....

0.00

0.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

22,293.00

22,293.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate .....

4,000.00

4,000.00

(b) All Other Loans .....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)) .....

4,000.00

4,000.00

**14. OFFSETS TO OPERATING EXPENDITURES**  
(Refunds, Rebates, etc.) .....

0.00

0.00

**15. OTHER RECEIPTS**  
(Dividends, Interest, etc.) .....

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4) .....

26,293.00

26,293.00

14031222988

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

## **II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

15,798.80

15,798.80

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate.....

0.00

0.00

(b) Of All Other Loans .....

0.00

0.00

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

0.00

0.00

21. OTHER DISBURSEMENTS .....

0.00

0.00

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ►

15,798.80

15,798.80

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

0.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

26,293.00

25. SUBTOTAL (add Line 23 and Line 24).....

26,293.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

15,798.80

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

10,494.20

**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 **22**

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

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

NAME OF COMMITTEE (in Full)

*Friends for Perske*

Full Name (Last, First, Middle Initial)

*Perske, Irene J.*

A. Mailing Address

*717 25th Ave. N.*

City

*St. Cloud*

State

*MN*

Zip Code

*56303*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*Retired*

Occupation

*Teacher*

Receipt For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*1,000.00*

Date of Receipt

*01 / 26 / 2014*

Amount of Each Receipt this Period

*1,000.00*

Full Name (Last, First, Middle Initial)

*Clark, Janet R.*

B. Mailing Address

*3224 Bent Tree Dr.*

City

*St. Cloud*

State

*MN*

Zip Code

*56301-9032*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*Blue Cross - Blue Shield Senior Sales Account Spec.*

Occupation

Receipt For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*500.00*

Date of Receipt

*02 / 01 / 2014*

Amount of Each Receipt this Period

*500.00*

Full Name (Last, First, Middle Initial)

*DeIzoppo, Jeanne*

C. Mailing Address

*3405 21st Ave. S.*

City

*St. Cloud*

State

*MN*

Zip Code

*56301*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*CentraCare*

Occupation

*Nurse*

Receipt For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*500.00*

Date of Receipt

*02 / 01 / 2014*

Amount of Each Receipt this Period

*500.00*

SUBTOTAL of Receipts This Page (optional)

*2,000.00*

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **6** OF **22**

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

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NAME OF COMMITTEE (In Full)

*Friends for Perske*

Full Name (Last, First, Middle Initial)

A. *Van Epp, Nancy*

Mailing Address

*648 Brianna Drive*

City

*Sartell*

State

*MN*

Zip Code

*56377*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*St. Cloud State Univ.*

Occupation

*Teacher*

Receipt For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*350,00*

Date of Receipt

*02 / 03 / 2014*

Amount of Each Receipt this Period

*350,00*

Full Name (Last, First, Middle Initial)

B. *Perske, Greta*

Mailing Address

*509 10th Street N.*

City

*Sartell*

State

*MN*

Zip Code

*56377*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*St. Cloud Hospital*

Occupation

*Nurse*

Receipt For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*250,00*

Date of Receipt

*02 / 14 / 2014*

Amount of Each Receipt this Period

*250,00*

Full Name (Last, First, Middle Initial)

C. *Flaherty, Timothy P.*

Mailing Address

*80 Western Ave. N., #402*

City

*St. Paul*

State

*MN*

Zip Code

*55102*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*Flaherty & Hood*

Occupation

*Attorney*

Receipt For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*250,00*

Date of Receipt

*02 / 18 / 2014*

Amount of Each Receipt this Period

*250,00*

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:  
(check only one)

PAGE 7 OF 22

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

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NAME OF COMMITTEE (In Full)

*Friends for Perske*

Full Name (Last, First, Middle Initial)

A. *Rose, Dale W.*

Mailing Address

*26 Bristol Lane*

City

*Newark*

State

*DE*

Zip Code

*19711*

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

*1,500.00*

Date of Receipt

*02 / 19 / 2014*

Amount of Each Receipt this Period

*1,500.00*

Full Name (Last, First, Middle Initial)

B. *Antonucci, Karen J.*

Mailing Address

*HQ USENCOM, Unit 30400, Box 2364*

City

*APC*

State

*AE*

Zip Code

*09128*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*DODDS*

Occupation

*Nurse*

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*250.00*

Date of Receipt

*02 / 26 / 2014*

Amount of Each Receipt this Period

*250.00*

Full Name (Last, First, Middle Initial)

C. *Bauer, Michael T.*

Mailing Address

*230 N. Highview Drive*

City

*Sank Rapids*

State

*MN*

Zip Code

*56379*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*Xerox*

Occupation

*V.P.*

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*250.00*

Date of Receipt

*03 / 03 / 2014*

Amount of Each Receipt this Period

*250.00*

SUBTOTAL of Receipts This Page (optional)

*2,000.00*

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **8** OF **22**

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

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NAME OF COMMITTEE (In Full)

*Friends for Perske*

Full Name (Last, First, Middle Initial)

A. *Backes, Elizabeth E.*

Mailing Address

*1339 E. Point Dr.*

City

*Brainerd*

State

*MN*

Zip Code

*56401-2014*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*Ascensus*

Occupation

*Director of Client Service*

Receipt For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*2,000.00*

Date of Receipt

*03 / 09 / 2014*

Amount of Each Receipt this Period

*2,000.00*

Full Name (Last, First, Middle Initial)

B. *Backes, Robert J., Jr.*

Mailing Address

*1339 E. Point Dr.*

City

*Brainerd*

State

*MN*

Zip Code

*56401-2014*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*Source 2*

Occupation

*Exec. V.P.*

Receipt For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*2,600.00*

Date of Receipt

*03 / 11 / 2014*

Amount of Each Receipt this Period

*2,600.00*

Full Name (Last, First, Middle Initial)

C. *Hegre, David*

Mailing Address

*15200 Highland Trail*

City

*Minnetonka*

State

*MN*

Zip Code

*55345*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*Consultant*

Occupation

*Business owner*

Receipt For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*2,500.00*

Date of Receipt

*03 / 15 / 2014*

Amount of Each Receipt this Period

*2,500.00*

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

*4,850.00*

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

14031222993



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

PAGE **9** OF **22**

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NAME OF COMMITTEE (In Full)

*Friends for Perske*

Full Name (Last, First, Middle Initial)

*Maliney, Eric J.*

A. Mailing Address

*21 McKinley Place N.*

City

*St. Cloud*

State

*MN*

Zip Code

*56303*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Retired*

Occupation

*Attorney*

Receipt For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*2,500.00*

Date of Receipt

*03 / 22 / 2014*

Amount of Each Receipt this Period

*2,500.00*

Full Name (Last, First, Middle Initial)

*Graves, James*

B. Mailing Address

*3815 Washburn Avenue South*

City

*Minneapolis*

State

*MN*

Zip Code

*55410*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Self*

Occupation

*Hotel owner*

Receipt For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*1,000.00*

Date of Receipt

*03 / 28 / 2014*

Amount of Each Receipt this Period

*1,000.00*

Full Name (Last, First, Middle Initial)

*McClure, Matthew*

C. Mailing Address

*39838 Ulster Rd*

City

*Rice*

State

*MN*

Zip Code

*56367-9587*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Veteran's Administration*

Occupation

*Psychiatrist*

Receipt For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*2,000.00*

Date of Receipt

*03 / 31 / 2014*

Amount of Each Receipt this Period

*2,000.00*

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

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

*3,250.00*

**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 **22**

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

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NAME OF COMMITTEE (In Full)

*Friends for Perske*

Full Name (Last, First, Middle Initial)

*Robert, Janet*

Date of Receipt

*03 / 31 / 2014*

A.

Mailing Address

*16527 Locust Hills Terrace*

City

State

Zip Code

*Wayzata*

*MN*

*55391*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*Self*

Occupation

*Attorney*

Receipt For:

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*1,000.00*

Amount of Each Receipt this Period

*1,000.00*

Full Name (Last, First, Middle Initial)

Date of Receipt

*03 / 31 / 2014*

B.

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Date of Receipt

*03 / 31 / 2014*

C.

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

Amount of Each Receipt this Period

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

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

*1,000.00*

**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 22

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

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NAME OF COMMITTEE (In Full)

*Friends for Perske*

Full Name (Last, First, Middle Initial)

A. *Perske, Joseph E. (personal funds)*

Mailing Address

*509 10<sup>th</sup> Street N.*

City

*Sartell*

State

*MN*

Zip Code

*56377*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*Sartell School District*

Occupation

*Teacher*

Receipt For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*4,000.00*

Date of Receipt

*01 / 13 / 2014*

Amount of Each Receipt this Period

*3,000.00*

*Personal funds*

Full Name (Last, First, Middle Initial)

B. *Perske, Joseph E. (personal funds)*

Mailing Address

*509 10<sup>th</sup> Street N.*

City

*Sartell*

State

*MN*

Zip Code

*56377*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*Sartell School District*

Occupation

*Teacher*

Receipt For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

*4,000.00*

Date of Receipt

*02 / 25 / 2014*

Amount of Each Receipt this Period

*1,000.00*

*Personal funds*

Full Name (Last, First, Middle Initial)

C. 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).....

*4,000.00*

*17,950.00*

**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 12 OF 22

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (in Full)

*Friends for Perske*

Full Name (Last, First, Middle Initial)

A. *Dyer, Chad A.*

Mailing Address

*113 5th Ave. S.*

City

*St. Cloud*

State

*MN*

Zip Code

*56301*

Purpose of Disbursement

*Website work*

Candidate Name

*Joseph E. Perske*

001

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For: *2014*

☒ Primary

☐ General

☐ Other (specify)

State: *MN*

District: *6*

Date of Disbursement

01 / 24 / 2014

Amount of Each Disbursement this Period

1,250.00

B. *Dyer, Chad A.*

Mailing Address

*113 5th Ave. S.*

City

*St. Cloud*

State

*MN*

Zip Code

*56301*

Purpose of Disbursement

*Website work*

Candidate Name

*Joseph E. Perske*

001

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For: *2014*

☒ Primary

☐ General

☐ Other (specify)

State: *MN*

District: *6*

Date of Disbursement

02 / 07 / 2014

Amount of Each Disbursement this Period

1,250.00

C. *Miller, Rick*

Mailing Address

*56 33rd Ave. S., Box 169*

City

*St. Cloud*

State

*MN*

Zip Code

*56301*

Purpose of Disbursement

*Consultant compensation*

Candidate Name

*Joseph E. Perske*

001

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For: *2014*

☒ Primary

☐ General

☐ Other (specify)

State: *MN*

District: *6*

Date of Disbursement

02 / 03 / 2014

Amount of Each Disbursement this Period

1,400.00

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

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

3,900.00

**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 13 OF 22

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

*Friends for Perske*

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2014

A. *Miller, Rick*

Mailing Address

*56 33<sup>rd</sup> Ave. S., Box 169*

City

*St. Cloud*

State

*MN*

Zip Code

*56301*

Purpose of Disbursement

*Office supplies, gasoline reimbursement*

Candidate Name

*Joseph E. Perske*

001

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: *MN*

District: *6*

Amount of Each Disbursement this Period

137.45

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2014

B. *Miller, Rick*

Mailing Address

*56 33<sup>rd</sup> Ave. S., Box 169*

City

*St. Cloud*

State

*MN*

Zip Code

*56301*

Purpose of Disbursement

*Consultant compensation, supplies*

Candidate Name

*Joseph E. Perske*

001

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: *MN*

District: *6*

Amount of Each Disbursement this Period

1,471.20

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2014

C. *D.B. Searles & Nick's Third Floor*

Mailing Address

*18 Fifth Ave. South*

City

*St. Cloud*

State

*MN*

Zip Code

*56301*

Purpose of Disbursement

*Campaign event (food)*

Candidate Name

*Joseph E. Perske*

007

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: *MN*

District: *6*

Amount of Each Disbursement this Period

631.88

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

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

2,240.53

**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 14 OF 22

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

*Friends for Perske*

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2014

Amount of Each Disbursement this Period

3,636.44

A. *Graphics Etc.*

Mailing Address

*51050 Rush Lake Way*

City

*Rush City*

State

*MN*

Zip Code

*55069*

Purpose of Disbursement

*Campaign materials*

0.06

Candidate Name

*Joseph E. Perske*

Category/  
Type

Office Sought:

☒ House

Disbursement For: *2014*

☐ Senate

☒ Primary

☐ General

☐ President

☐ Other (specify)

State: *MN*

District: *6*

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2014

Amount of Each Disbursement this Period

455.62

B. *Graphics Etc.*

Mailing Address

*51050 Rush Lake Way*

City

*Rush City*

State

*MN*

Zip Code

*55069*

Purpose of Disbursement

*Campaign materials*

0.06

Candidate Name

*Joseph E. Perske*

Category/  
Type

Office Sought:

☒ House

Disbursement For: *2014*

☐ Senate

☒ Primary

☐ General

☐ President

☐ Other (specify)

State: *MN*

District: *6*

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2014

Amount of Each Disbursement this Period

571.00

C. *Margnee Apparel*

Mailing Address

*1100 10th Ave. S.*

City

*St. Cloud*

State

*MN*

Zip Code

*56301*

Purpose of Disbursement

*Campaign T-shirts*

0.06

Candidate Name

*Joseph E. Perske*

Category/  
Type

Office Sought:

☒ House

Disbursement For: *2014*

☐ Senate

☒ Primary

☐ General

☐ President

☐ Other (specify)

State: *MN*

District: *6*

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

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

4,663.06

**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 15 OF 22

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

*Friends for Perske*

Full Name (Last, First, Middle Initial)

Date of Disbursement

02 / 21 / 2014

A. *Marguee Apparel*

Mailing Address

*1100 10th Ave. S.*

City

*St. Cloud*

State

*MN*

Zip Code

*56301*

Purpose of Disbursement

*Campaign T-shirts*

006

Candidate Name

*Joseph E. Perske*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

*2014*

☒ Primary ☐ General  
☐ Other (specify)

State: *MN*

District: *6*

Amount of Each Disbursement this Period

544.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

02 / 03 / 2014

B. *Westside Learning & Events Center*

Mailing Address

*1001 2nd Street S., #1005*

City

*Sartell*

State

*MN*

Zip Code

*56377*

Purpose of Disbursement

*Campaign event (food)*

007

Candidate Name

*Joseph E. Perske*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

*2014*

☒ Primary ☐ General  
☐ Other (specify)

State: *MN*

District: *6*

Amount of Each Disbursement this Period

217.58

Full Name (Last, First, Middle Initial)

Date of Disbursement

02 / 26 / 2014

C. *Minnesota DFL Party*

Mailing Address

*255 E. Plato Blvd*

City

*St. Paul*

State

*MN*

Zip Code

*55107-1623*

Purpose of Disbursement

*VAN invoice*

003

Candidate Name

*Joseph E. Perske*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

*2014*

☒ Primary ☐ General  
☐ Other (specify)

State: *MN*

District: *6*

Amount of Each Disbursement this Period

2500.00

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

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

3,261.58

**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 **16** OF **22**

☒ 17  
20a ☐ 18  
20b ☐ 19a  
20c ☐ 19b  
21

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NAME OF COMMITTEE (In Full)

*Friends for Perske*

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2014

A. *Sartell MPO*

Mailing Address

*113 2nd Street S.*

City

*Sartell*

State

*MN*

Zip Code

*56377*

Purpose of Disbursement

*Postage*

001

Candidate Name

*Joseph E. Perske*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

State: *MN*

District: *6*

Amount of Each Disbursement this Period

147.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2014

B. *Sartell MPO*

Mailing Address

*113 2nd Street S.*

City

*Sartell*

State

*MN*

Zip Code

*56377*

Purpose of Disbursement

*Postage*

001

Candidate Name

*Joseph E. Perske*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

State: *MN*

District: *6*

Amount of Each Disbursement this Period

98.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2014

C. *Sartell MPO*

Mailing Address

*113 2nd Street S.*

City

*Sartell*

State

*MN*

Zip Code

*56377*

Purpose of Disbursement

*Postage*

001

Candidate Name

*Joseph E. Perske*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: *2014*

☒ Primary ☐ General  
☐ Other (specify)

State: *MN*

District: *6*

Amount of Each Disbursement this Period

98.00

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

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

343.00



**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 **17** OF **22**

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

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 for Perske*

Full Name (Last, First, Middle Initial)

A. *Sartell MPO*

Mailing Address

*113 2nd Street S.*

City

*Sartell*

State

*MN*

Zip Code

*56377*

Purpose of Disbursement

*Postage*

Candidate Name

*Joseph E. Perske*

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For: *2014*

☒ Primary

☐ General

☐ Other (specify)

State: *MN*

District: *6*

Date of Disbursement

*03 / 24 / 2014*

Amount of Each Disbursement this Period

*49.00*

Full Name (Last, First, Middle Initial)

B. *Rengel Printing Company*

Mailing Address

*1922 7th Street N.*

City

*St. Cloud*

State

*MN*

Zip Code

*56303*

Purpose of Disbursement

*Campaign materials*

Candidate Name

*Joseph E. Perske*

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For: *2014*

☒ Primary

☐ General

☐ Other (specify)

State: *MN*

District: *6*

Date of Disbursement

*03 / 14 / 2014*

Amount of Each Disbursement this Period

*541.51*

Full Name (Last, First, Middle Initial)

C. *Rengel Printing Company*

Mailing Address

*1922 7th Street N.*

City

*St. Cloud*

State

*MN*

Zip Code

*56303*

Purpose of Disbursement

*Campaign materials*

Candidate Name

*Joseph E. Perske*

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For: *2014*

☒ Primary

☐ General

☐ Other (specify)

State: *MN*

District: *6*

Date of Disbursement

*03 / 24 / 2014*

Amount of Each Disbursement this Period

*303.73*

SUBTOTAL of Disbursements This Page (optional)

*894.24*

TOTAL This Period (last page this line number only)

*15,302.41*

# SCHEDULE C (FEC Form 3)

## LOANS

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

PAGE 18 OF 22

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

*Friends for Perske*

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

*Perske, Joseph E. (personal funds)*

Mailing Address

*509 10th Street N.*

Election: *2014*

☒ Primary  
☐ General  
☐ Other (specify) ▼

City

*Sartell*

State

*MN*

ZIP Code

*56377*

Original Amount of Loan

*3,000.00*

Cumulative Payment To Date

*0.00*

Balance Outstanding at Close of This Period

*3,000.00*

### TERMS

Date Incurred

*01 / 13 / 2014*

Date Due

*MM / DD / 2014*

Interest Rate

*none* % (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).....

*3,000.00*

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

PAGE 19 OF 22

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

*Friends for Perske*

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

*Perske, Joseph E. (personal funds)*

Election: 2014

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

*509 10<sup>th</sup> Street N.*

City

*Sartell*

State

*MN*

ZIP Code

*56377*

Original Amount of Loan

*1,000.00*

Cumulative Payment To Date

*0.00*

Balance Outstanding at Close of This Period

*1,000.00*

**TERMS**

Date Incurred

*02 / 25 / 2014*

Date Due

*none*

Interest Rate

*none* % (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)..... ➤

*1,000.00*

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

*4,000.00*

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-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

<b>NAME OF COMMITTEE (In Full)</b> <i>Friends for Perske</i>		<b>FEC IDENTIFICATION NUMBER</b> C	
<b>LENDING INSTITUTION (LENDER)</b> Full Name <i>N/A</i>	Amount of Loan <div></div>	Interest Rate (APR) <div></div> %	
Mailing Address <i>N/A</i>	Date Incurred or Established <div></div>	<div></div> / <div></div> / <div></div>	
City State Zip Code	Date Due <div></div>	<div></div> / <div></div> / <div></div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred		<div></div> / <div></div> / <div></div>	
B. If line of credit, Amount of this Draw: <div></div>		Total Outstanding Balance: <div></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div></div> / <div></div> / <div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div></div> / <div></div> / <div></div>	
Title			

14031223005

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate  
 schedule(s)  
 for each  
 numbered line)

PAGE 21 OF 22

FOR LINE NUMBER:  
 (check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

*Friends for Perske*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

*Miller, Rick*

Mailing Address

*56 33<sup>rd</sup> Ave S., Box 169*

City

State

*St. Cloud, MN*

Zip Code

*56301*

Nature of Debt (Purpose):

*Consultant  
 compensation,  
 office supplies*

Outstanding Balance Beginning This Period

*0.00*

Amount Incurred This Period

*1,561.77*

Payment This Period

*0.00*

Outstanding Balance at Close of This Period

*1,561.77*

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

*1,561.77*

2) TOTALS This Period (last page this line number only) .....

*1,561.77*

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....

*4,000.00*

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....

*5,561.77*

## FEC FORM 3Z (File with Form 3)

[p. 22]

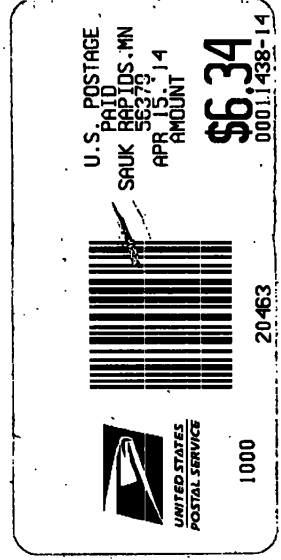
## CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>Friends for Perske</i>		Report Covering Period: From: <span>MM</span> <span>DD</span> <span>YYYY</span> <span>MM</span> <span>DD</span> <span>YYYY</span> <span>01</span> <span>01</span> <span>2014</span> To: <span>MM</span> <span>DD</span> <span>YYYY</span> <span>MM</span> <span>DD</span> <span>YYYY</span> <span>03</span> <span>31</span> <span>2014</span>				
Committee Name <i>N/A</i>		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees			
A						
B	Column Total Last Page Only.....					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A						
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						


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