

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

PRESSLER FOR SENATE

ADDRESS (number and street)

5105 S ROLLING GREEN AVE SUITE 209

Check if different than previously reported. (ACC)

SIOUX FALLS

SD

57108

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00554519

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

SD

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

MM / DD / YYYY

(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

MM / DD / YYYY

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 LARRY PRESSLER

Signature of Treasurer

LARRY PRESSLER

Larry Pressler

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
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 10

Write or Type Committee Name
PRESSLER FOR SENATE

Report Covering the Period: From:

M	M
12	

 /

D	D
09	

 /

Y	Y	Y	Y
2013			

 To:

M	M
12	

 /

D	D
31	

 /

Y	Y	Y	Y
2013			

	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))	4850.00	0.00
(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))	4850.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2250.00	0.00
(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))	2250.00	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	27600.00	
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)	25000.00	

For further information contact:

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

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

14920147583

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 10

Write or Type Committee Name

PRESSLER FOR SENATE

Report Covering the Period: From:

M	M
12	

 /

D	D
09	

 /

Y	Y	Y	Y
2013			

 To:

M	M
12	

 /

D	D
31	

 /

Y	Y	Y	Y
2013			

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).....

2600.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

2600.00

0.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

2250.00

0.00

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

4850.00

0.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

25000.00

0.00

(b) All Other Loans.....

0.00

0.00

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

25000.00

0.00

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

0.00

0.00

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

0.00

0.00

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

29850.00

0.00

14828152687

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	2250.00	0.00
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) ►	2250.00	0.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	29850.00
25. SUBTOTAL (add Line 23 and Line 24).....	29850.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2250.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	27600.00

14020124983

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 10

(check only one)

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

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)
PRESSLER FOR SENATE

Full Name (Last, First, Middle Initial)

Dr. Ron Smith

Mailing Address 3034 R St, NW

City	State	Zip Code
Washington	DC	20007

FEC ID number of contributing federal political committee.

C []

Name of Employer
None

Occupation
Physician - Retired

Receipt For: 2014

Primary General
 Other (specify)

Election Cycle-to-Date

[] 2600.00 []

Date of Receipt

MM	DD	YYYY
12	23	2013

Transaction ID : SA11AL4104

Amount of Each Receipt this Period

[] 2600.00 []

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

MM	DD	YYYY
----	----	------

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

MM	DD	YYYY
----	----	------

Amount of Each Receipt this Period

[] []

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

[] 2600.00 []

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

[] 2600.00 []

069811211698

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 10

(check only one)

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

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NAME OF COMMITTEE (In Full)
PRESSLER FOR SENATE

Full Name (Last, First, Middle Initial)

LARRY PRESSLER

Mailing Address 5105 S ROLLING GREEN AVE SUITE 209

City	State	Zip Code
SIOUX FALLS	SD	57108

FEC ID number of contributing federal political committee. **C** S8SD00024

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

MM / DD /	YY
12 / 09 /	2013

Transaction ID : SA11D.4106

Amount of Each Receipt this Period

2000.00

In-kind - Jefferson-Adams for Primary Campaign Consulting

Full Name (Last, First, Middle Initial)

LARRY PRESSLER

Mailing Address 5105 S ROLLING GREEN AVE SUITE 209

City	State	Zip Code
SIOUX FALLS	SD	57108

FEC ID number of contributing federal political committee. **C** S8SD00024

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
27250.00

Date of Receipt

MM / DD /	YY
12 / 28 /	2013

Transaction ID : SA11D.4110

Amount of Each Receipt this Period

250.00

In-kind - Jefferson-Adams for Primary Campaign Consulting

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

MM / DD /	YY
-----------	----

Amount of Each Receipt this Period

--

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

2250.00

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

2250.00

148917 09/24/13

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 10

(check only one)

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

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NAME OF COMMITTEE (In Full)
PRESSLER FOR SENATE

Full Name (Last, First, Middle Initial)
LARRY PRESSLER

Mailing Address **5105 S ROLLING GREEN AVE SUITE 209**

City **SIOUX FALLS** State **SD** Zip Code **57108**

FEC ID number of contributing federal political committee. **C S8SD00024**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **27000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2013

Transaction ID : **SA13A.4103**

Amount of Each Receipt this Period
25000.00

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).....

25000.00

25000.00

1492914245988

**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 9 OF 10

<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)
PRESSLER FOR SENATE

Full Name (Last, First, Middle Initial)

A. LARRY PRESSLER

Mailing Address 5105 S ROLLING GREEN AVE SUITE 209

City State Zip Code
SIOUX FALLS SD 57108

Purpose of Disbursement
In-kind - Jefferson-Adams for Primary Campaign Consulting

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: SD District: 00

Date of Disbursement

M M / D D / Y Y Y Y
12 / 28 / 2013

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4111

Category/ Type

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

--

Category/ Type

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

--

Category/ Type

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

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

250.00

2250.00

14020141999

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)
PRESSLER FOR SENATE

Transaction ID : **SC/10.4103**

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

[PERSONAL FUNDS]

Election: 2014

LARRY PRESSLER

Primary

General

Other (specify) ▼

Mailing Address

5105 S ROLLING GREEN AVE SUITE 209

City

State

ZIP Code

SIOUX FALLS

SD

57108

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25000.00

0.00

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY
12 / 24 / 2013

MM / DD / YYYY
12 / 24 / 2013

MM / DD / YYYY
12 / 24 / 2013

MM / DD / YYYY
12 / 24 / 2013

December, 2014

0.00 % (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)..... ▶

25000.00

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

25000.00

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

WRITE FIRMLY TO MAKE ALL COPIES LEGIB



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For Domestic and International Use
Visit us at usps.com



When used internationally affix customs declarations (PS Form 2976, or 2976A).



PRIORITY MAIL EXPRESS™



Post Office
NOV 29 2014



CUSTOMER USE ONLY
PHONE: 800 933 6333

FROM: (PLEASE PRINT)
SENATOR HARRY PRESSLER
800 R ST NW
WASHINGTON, DC 20037-2808

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer requires the addressee's signature. OR (2) Purchase additional postage for Signature Confirmation (SC) or Signature Restricted (SR) service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)
- Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)
PHONE: 800 933 6333
OFFICE OF PUBLIC RECORDS
U.S. SENATE BLDG. ROOM 2338
HARSTADT BUILDING
WASHINGTON, DC 20540

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

PO Zip Code	20037	Scheduled Delivery Date (MM/DD/YYYY)	11/24/14	Scheduled Delivery Time	10:30 AM	Postage	\$ 19.99	Insurance Fee	\$	COO Fee	\$
Date Accepted (MM/DD/YYYY)	11/31/14	Scheduled Delivery Time	10:30 AM	Return Receipt Fee	\$	Live Animal Transportation Fee	\$				
Time Accepted	2:07 PM	Sunday/Holiday Premium Fee	\$	Total Postage & Fees	\$ 19.99						
Weight	3.8 lbs	Acceptance/Employee Initials	EN								

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature

LABEL 11-B, JANUARY 2014 PSN 7595-02-000-8888 3-ADDRESSEE COPY

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Cradle to Cradle Certified is a certification mark of INCIPO.



NCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark **X**

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

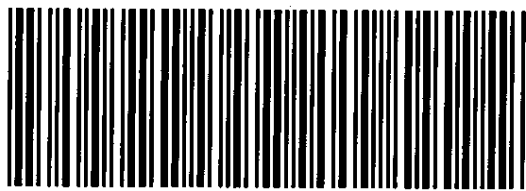
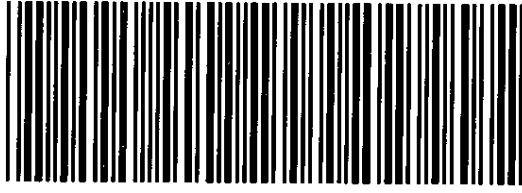
POSTMARK ILLEGIBLE NO POSTMARK **X**

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **2-5-14**

14040124602



14020142604