

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SOUTH DAKOTA REPUBLICAN PARTY

A. Kenneth Rutledge
Full Name (Last, First, Middle Initial)

Mailing Address 1424 Riverview Dr

City Huron State SD Zip Code 57350-3769

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

Name of Employer Dakota Provisions Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : AADFF8ECB33414AF096A

Amount of Each Receipt this Period
 1000.00

B. Jeffrey Scherschligt
Full Name (Last, First, Middle Initial)

Mailing Address 14 S Elkjer Cir

City Sioux Falls State SD Zip Code 57103-4338

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

Name of Employer Howalt Mcdowell Insurance Co Occupation Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : A2F39570371B34C888BA

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 4007 S April Pl

City Sioux Falls State SD Zip Code 57103-7239

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

Name of Employer Luverne Truck Equipment, Inc Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : A07F6166E46554DA4A93

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	